6010 REISTERSTOWN RD. BALTO, MD

" (VRA 15, 4)

	1.	FOR	DEPARTA	STATE OF A	HARYLAND HAND MENTAL HY	rGIENE 2	3 8 1
30000	11	STATE REGISTRAR			CERTIFICATE OF		0
234045		ECEASED NAME	FIRST MIDDLE		LAST	20. DATE KNOWN	
Man Ne 1	/	YPE OR PRINT)	elvin		Abbott	OF ESTI-	8 15 19 85 M
\$628E 9	3. Si		5. DATE OF BIRTH	6. AGE (IN YEARS IF UN	NDER TYR. IF UNDER 2		MONTH DAY YEAR 24 HOUR
	L	Male Blac	k 2/17/51	34 YRS.	HS DAYS HOURS	PRONOUNCED DEAD	8 15 ₁₉ 85 1:551
A SEE	3 70	BIRTHPLACE (STATE OR COREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	TRY? 8. MARR	IED NEVER MARRIE	D # 9. BALTIMORE CITY	OR COUNTY OF DEATH
SEC. S.	~		USA	WIDOV			
S HE S	0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUF	TREET ADDRESS)	HER INSTITUTION	120 USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)	PE OF WORK 126 KIND OF BUSINESS OR INDUSTRY
35 x 25		altimore	541 Brice S CHOME OR OTHER INSTITUTION, GIVE RESIDENCE				
AND 3 RETAIN PROUID SECOND		STATE 13b	COUNTY 13c. CITY	ORTOWN		13e STREET ADDRESS	
Z 44878	4	Md.	Bal	timore	YES NO	541 Brice St	. 21223
MD.	-	FATHER'S NAME FIRST		LAST	15 MOTHER'S MAIDEN	NAME	LAST
A SECONO	4	James Was deceased ever in u	Abbott	CIAL SECURITY NO.	Dora 17. INFORMANT	Abbot	
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¥ # 5 \$ # #		SIGNATURE	March a live 12	ML_M	Assistant	MEDICAL EXAMINER	DATE 8/16/85
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₩ ₩₩₩₩	23a.	BURIAL, CREMATION, REMO		AME OF CEMETERY O	OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
07/84 BP	24	Burial FUNERAL DIRECTOR	8/19/85	Mt. Zion	125a DATE DE	Lansdowne COD, BY REGISTRAR PURES	A.A. Md
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4905 York Road Balto., MD

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	CEASED NAME	FIRST	N	AIDDLE	L	AST	41	20 DATE OF D	DEATH MON	NIH D	AY YEAR	2b 1	HOUR
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SIGNATURA

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director page 3 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the buriol-transit permit. Then please with the State Dept of Health and Mental Hygiene prior to buriol, in MPORTANT: If Item 21 is marked or Item 18 strows any injury, for an expensive to the property of the TO HOSPITAL OR ATTENDING PHYSICIAN. The low

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gne gne buri buri	7	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE OR COND	ITION GIVEN IN PART TIO
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REGISTRAR DOLLIE E. ALESHIRE REG. NO . DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR LIVPE OR PRINTI ALESHIRE DOLLIE 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 16 White 68 Female O. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City Maryland U.S.A. WIDOWEDX III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife Home Maker Baltimore Lutheran Hospital USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 3819 Hanover Street 21225 13c CITY OR TOWN 13d INSIDE CITY LIMITS? ----Baltimore Maryland YEST NOF 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE EIRST MIDDLE LAST ===== Rydell 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT IYES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) Francis Aleshire Same as 13e No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CARPIO RESPIRATURY ARREST IMMEDIATE CAUSE (a. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NO CERTIFICAT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 216 TIME OF INJURY 2 t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram_ 19_____, that (1) (we) last saw the deceased alive an, , and that in (my) (aur) apinion death occurred on the date and hour and fram the causes stated abave, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS LE DUVINA L. CUETO 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 8/14/85 Va STATE Arlington National Cem Arlington 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 251/REGISTRAR'S SIGNATURE George J. Gonce 4001 Ritchie Hgwy Balto Md Crina Davidson-Randoll

DHMH - 16 60M 7/84 (VRA 15, 4)

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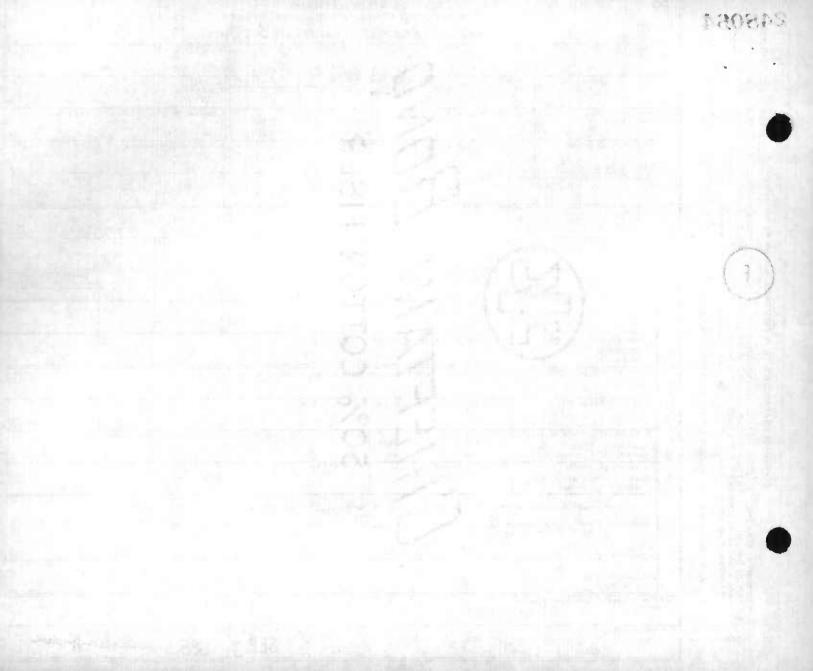
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STATE OF MARYLAND

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1 ~ STATE REGISTRAR		DEFARI		FICATE OF DEATH	REG.	NO.		
1. DECEASED NAME	FIRST	WIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	26 HOUR
(TIPE OR PRINT)	EDGAR	FEARS	A.	LLEN	AUGU	IST 7.	1985	8:00A
3. SEX		4 RACE	S. DATE	OF BIRTH	6 AGE (IN YEARS LAST		MONTHS DAYS	IF UNDER 24 HRS
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70 BIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRII	ED X NEVER MARRIED	9 BALTIMORE CITY			
GEORGIA		USA	WIDOW		LULII	(BALTII		М
10 CITY OR TOWN OF	DEATH	 NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE 		OR OTHER INSTITUTION	12 PEOF WORK FOR MOS			RYSINESS OF
FORT HOWA		VAMC, FORT HO		MD 21052	TECHNICIA	AN	STORE	
130. STATE	13b COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	S / ZIP COD	E	
MARYLAND	4000	CITY		YES NO		IRVIE	J AVENUE	21216
14 FATHER'S NAME FIRST MONROE	A	AIDDLE LAST ALLEN		ALMA	ME		FREEMAN	
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	EATH (Enter onl	y one couse per line for (a), (b), a	nd (c).)				APPROXI BETWEEN C	MATE INTERVAL INSET AND DEATH
PARIT. DEAT			ATORY	ARREST			MINUT	ES
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Conditions, if		(b) BRATN	STEM	INFARCT			MONTH	S
gave rise to cause 10, st	ating the	DUE TO, OR AS A CONSEQU	JENCE OF					
underlying co	iuse last.	((c)						
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NO DATE OF OPE	RATION	196 CONDITION FOR WHICH	H OPERATIO	ON WAS PERFORMED	200 AUTOPSY?		S, WERE FINDIN	
21g. ACCIDENT WAS					YES NOX		FYING CAUSES	NO [
0		216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART 1 OR PART 2)	
(IF EITHER NOTIFY	MEDICAL EXAMINER)	P.M.	19			4.00		
21d INJURY OCC		21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	FARM ETC)	211 LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
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22b. SIGNATU	1	7		DEGREE			22c DATES	SIGNED
1 RA	(pwan		ATTENDING PHYSICIAN		AFF	AUCH	ST 7. 1

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

GARRISON FOREST

VAMC,

TO FUNERAL DIRECTOR: should be detached with the State Dept. MPORTANT: # BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNEAT TERIOR SONS FUNERAL HOME, INC. GWYNNS FALLS PARKWAY

236. DATE

8-12-1985

22d PHYSICIAN'S NAME (DE OR PRINT)

230. BURIAL, CREMATION, REMOVAL

BURIAL

PETER V. JUVAN, M.D.

23d LOCATION
BALTIMORE COUNTY

21052

BY REGISTRAR 256 REGISTRAR'S IGNAT

FORT HOWARD, MD

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

GENERAL TERRE

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	m	. /1		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
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	# # H	1//	3. SE		4 RACE	S. DATE	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
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	4 1	5 5 P	Ja. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	Y OF DEATH
•	death men	- 2		MARYLAND	US of A	WIDOW		BALTIMORE C	ITY MD.
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-	Illed in	BA	13a.	AL RESIDENCE (IF NURSING HOME STATE 13b. COL	OR OTHER INSTITUTION, GIVE RESIDENCY JINTY 13c. CITY O	RTOWN	134. INSIDE CITY LIMITS?	136.STREET ADDRESS / ZIP CODE 5816 N	ARCISSUS AVENUE
87.17	of the	2.0	14. F	ATHER'S NAME	MIDDLE LA	ASI.	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
¥ ¥	B d	1-300		JÖHN	O. MOUI	DEN	MARY		TASKET
NE.	5 B	1 1/		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIA	L SECURITY NO.	17. INFORMANT	ADDRESS	
IWO	9 0	2 1/		NO		30 8409	MRS. VIOLA	STMMS 5816 NARC	TSSUS AVE. 21215
SAL	ofe i	ovol.		18 CAUSE OF DEATH (Enter	only one couse per line for (o),	(b), and (c).1			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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Ö	een 'ee	- Y O Y	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
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>	PHYSICIAN: ending physi this certificol	SI M		OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONT			LEMEN ANDRE OF HADRI HALLEW ID	Ant I On Fant 2)
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DIVISION OF VITAL RECORDS,	offendi offendi	h ond M	WEI	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, EARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
_	N O O	teolt s		22a.1 certify that (1) (this has	pital) attended the deceased	from	83,19		19_65_, that (I) (we) lost
	Spito	2 9 1		sow the deceased alive a above, (1) (we) (did) (did)	not) view the body ofter death.	_19	nd that in (my) (our) opinion	death occurred on the date and has	ar and from the causes stated
	OR A	Dept.		22b. SIGNATURE	5 DM	^	DEGREE	/	22¢ DATE SIGNED
	A PLO	detoc ote D		au	100		MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/02/80
	d by	TAN TAN	1	22d PHYSICIAN'S NAME (IYP			22e. ADDRESS		125 Greene St
	O HOSPI etoined b	with the Stote I		TUTERM	LEDYIAN		UNIV OF MY	o carrier ctrys	alto Md 21201
	5 g 5	4 3 ₹		BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	
	BP			BURIAL	8/7/85	ARBUTUS	MEMORIAL PAR		(RATTO) MD
Г	DHMH - 16 5	50M 4/83	24 F	UNERAL DIRECTOR		1	25a DA	TE REC'D. BY REGISTRAR 256 REGIS	
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1		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
E 40	(1177)	JOSEF	H FREDERICK	ALTMAN	AUGUST 19	1985 4.45 AM
9.1	3. SE	(4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
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17/		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	RAITIMORE CITY OF COUNT	OF DEATH
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2	ШС	TY OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
_55		Baltimore	Church Hospit	al Corporation	Butcher	Esskay
	USU 13a	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)		
236		Md.	Balto.	YES X NO		rd Ave. 21205
1/	14 F/	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N		1457
7500	2	Joseph Altma		Josephin	7.100.000	t AST
3/		VAS DECEASED EVER IN U.S. AR/	MED FORCES? 166 SOCIAL SECU		ADDRESS	
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<u>+</u> ±		18 CAUSE OF DEATH (Enter on	y ane cause per line for tal, (b), and	dice		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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or re			DUE TO, OR AS A CONSEQUE	NCE OF		
TON.		Conditions, if any, which	(b)			
er fr		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		
tho .		underlying cause last	(c)			
7.0		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GI	/EN IN PART 1:a
. <u>c</u>	ě			RADY ARRHYTHMI		
5 7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
30 L	T E				21	S NO
18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR 216 HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
Fem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19		A 5
Pop	VED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
E E		AT WORK AT WORK			0.5	
S.		220.1 certify that (1) this hospit	ottended the deceased from_	AUGUST 15	85 to AUGUST 19	
T 21		saw the decepted alive on obove. It we'did: did not	New the bady after death		n death accurred an the date and had	
# #e		276 SIGNATUR	near les	DEGREE ATTENDING	MEDICAL STAFF	22L DATE SIGNED
ž		101010	min	PHYSICIAN	DIRECTOR PHYSICIAN	19/17/83
ORTAN	3	22d. PHYSICIAN'S NAME (TYPE OF			RCH HOSPITAL C	
MPORTANI		PAUL GORN			BROADWAY BALT	I, MD. 0x2123.
	230	BURIAL, CREMATION, REMOVAL		JAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
_	24.5	Burial		loly Redeemer	Balto.,Md.	
60M 7/84	24 F	Schimunek Fu	uneral Home		ATE REC'D. BY REGISTRAR 256, REGIS	Hairdren Gandelle
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filled in hould be	130	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	NTY 13c. CITY C		13d INSIDE CITY LIMITS? YES NO [ASTERN AN	1224
with with letely d 2 sl	14. F	ATHER'S NAME FIRST		AST	15. MOTHER'S MAIDEN NAM	MIDDLE	V	LAST
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RESIDE DE CONTROL DE C	m	Conditions, if ony, which gove rise to immediate	(b) PROF	DWY MU	wom refere	DATION		
W. P		couse (0), stating the underlying cause last.	DUE TO, OR AS A COM	SEQUENCE OF	RUBELLA SYM	DROME		
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requered signal or to by injury	CERTIFICATION							
low low seeming son	FICA	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FIT IN CERTIFYING CAU	NDINGS USED USES OF DEATH?
TAL The Cion cion sit p	Ē					YES NO	YES 🗌	NO [
CIAN: TI S physicia sertificate iol-tronsin ntol Hygi		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	HOUR A.M. MONT		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART	F 2)
HYSKCIV ding p wis certain buriol-	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	21f. LOCATION			
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST. NG PHYSKCIAN. The low requires that the death certicoteding physicion. After this certificate has been signed by the attending post the burial-transit permit. Then please remove corbon in and Mental Hygiene prior to burial, cremation, ar removed or them 18 shows any injury, ar other troumatic events.	A	WHILE AT WORK AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TOW	WN COUNTY	STATE
LOIN Lor Smo		220.1 certify that (1) this hosp	ital) ottended the deceased	from	. 19		. 19	thor (i) we) los
Spilo CTO I for of H		above (I) a discontact of ive or	ew the body after death	19, or	nd that in my tour opinion d	eoth occurred on the do	ate and hour ond from	the causes stated
OR A DIRE ochec Ochec H Hen		22b. SIGNATURE	A A		DEGREE	HEDIGA:		ATE SIGNED
FRAL By the RAL Stote		22d. PHYSICIAN'S NAME (TYPE O	ly Wille			MEDICAL STAF	IAN B	128/85
OF BE BE			Y DOPEAN		120 ADDRESS 4940 EAST	ERNI AVE	BALTO M	0
Short	23a	BURIAL CREMATION REMOVAL		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
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DHMH - 16 60M 7/73	24. F	UNERAL DIRECTOR	ADDI	01	2121 250. DATE	REC'D. BY REGISTRAR	256 REGISTRAR'S SIGI	NATURE
(VR A 15 (4))	1/1	Tiseth, J.	r. 38/88	Coland	aug AU	G 2 9 1985	Julia Davidson	-16.10-

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STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL SYGIENS

П		REGISTRAR				CERTII	CAIL OI L	· LAIII	REG	. NO.			
		CEASED NAME	FIRST		VIOOFE	A 1	AST	Marie S	20 DATE OF DEATH		DAY YEAR	26 HOL	JR
		Jan.	Rena		ry	Amrha			August	21,	1985		AM
	3. SEX	Female		4. RACE White		S. DATE C	F BIRTH	70	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	HOURS	R 24 HRS MIN.
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7		OUNTED COROLL		76. CITIZEN OF	WHAT COUNTRY?		NEVER /		BALTIMORE CIT		OF DEATH		
4		TY OR TOWN OF DE		11 NAME OF H	OSPITAL, NURSIN	WIDOWE		VORCED [Baltimon		126 KIND C	DE BLICINI	MD.
1	1	Baltimore		Francis	Scott Ke	boress Med	lical (enter	Retired	TOF WORKING	GUFEL INDUSTRY		_
1	Ma	ryland	136 COUN		136. CITY OR JOWN	,	13d INSIDE C	NO 🗌		s / ZIP CO	Avenue	2122	2
d	JA FA	Gotters Gotters	bo	MIDDLE	Rossi			S MAIDEN NA/ FIRST 2002	ME MIDDE	E	Mar	ini	
1		AS DECEASED EVE		MED FORCES? (E WAR OR DATES)	216-20-		Andre		ein 528 S.	Newki	nk St. 2	1224	
Î		18 CAUSE OF DEA			line lor to Libi, and	lic A	ans mew hear	Δ.	. 4		BETWEEN	ONSET AND	RVAI D DEATH
	13	PART I. DEATH		TE CAUSE (a)	Cardia	pul	mond	y ar	rest				
1		DESTRUCTION OF THE PARTY OF THE		DUE TO, OF	AS A CONSEQUE			1 1.0	1 trine				
		Conditions, if ony, which gove rise to immediate (b)											
1		cause (a), state		DUE TO, OF	R AS A CONSEQUE	NCE OF							
1		PART 2 OTHER SIG	INIFICANT	CONDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR C	ONDITION	GIVEN IN PART I	0	
	10			adens	carun	ma	of	reclu	~				
4	CERTIFICATION	19a DATE OF OPERA	VION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	YES NO	INCE	YES, WERE FINDI RTIFYING CAUSES YES		TH?
7		21a. ACCIDENT WAS UP	_	21b. TIME O		Y YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM	18 PART I OR PART ?]		
	MEDICAL	LIFEITHER NOTIFY MED	ICAL EXAMINER	P./		19							
1	MED	WHILE TO NOT V		21e PLACE (OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATE STREET		CITYO	RTOWN	COUNTY		STATE
		AT WORK				Ma	25	54	man	1. 1	9 81		
		22a.l certify that (sow the decea	sed al e an	march	1919	5		our) opinion (death occurred on the	e date and I	have and from the	the (
		226 SIGNATURE	did did no	nt Priew the body	otter death.		DEGREE				22c. DATE		
		lan	uld	Utan	asir	M	D		DIRECTOR PHY	TAFF SICIAN [8/	23/8	35
		22d. PHYSICIAN'S N	ANA	SID, R	PONALD		1015	OLD	N. POINT	NOA	O. BALT	. He	d.
-		URIAL, CREMATION		23b DATE	-		EMETERY OR		23d LOCATION		COUNTY 44	,	STATE
	74 FI	Buria INERAL DIRECTOR		9-20-	85 30	icred.	Heart	of Jesu	E REC'D BY PEGISTE	R Bal	to Co., M	Z.	
	-	harles S.	70:10	e San	Inc ADDRESS	500	hlina		UG 23 198	5	a Davidson	Monde	IR.
			Leve	C a Joic .	0,000	201	uadill.	741 7	00 00 00	-10			

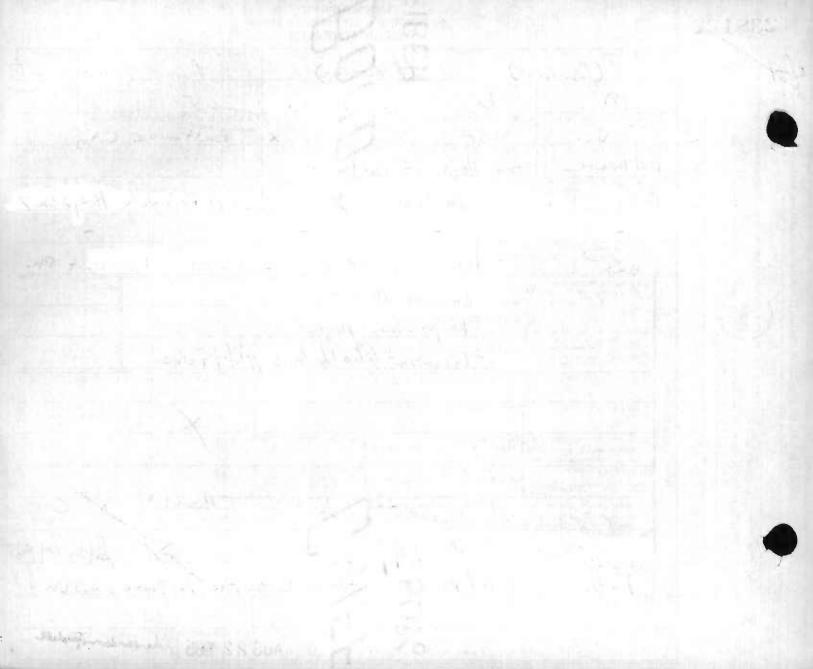
DHMH - 16 60M 7/84 (VRA 15, 4)

TO THIN RAL DIRECTOR. After this certificate has been signed by the attending physicial to detached for use as the burial-transit permit. Then please remove carbon paper the fore Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPDRTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event,

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238122	1 -	FOR STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYC ICATE OF DEATH	GIERE 2	8 9 5
moy by the change of the chang	1. DE	(Con los	RACE MIDDLE	Ande	AST Anderson SE BIRTH DAY VEAR	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR 14.485 5.20 M FUNDER I YEAR IF UNDER 24 HIS MONTHS DAYS HOURS MIN.
Jirecto	7. RI	RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	7	19 20	Y BALTIMORE CITYOR COUN	S.
eoth. P		COUNTRY)	43A	MARRIEI	DI NEVER MARRIED DIVORCED	Baltimor	
rs ofter de by the fur filled within	1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE	E F DA	OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR
filled in ould be	13a.	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	13c. GITY OR		13d. INSIDE CITY LIMITS?		orest Pk.
MARYL ed within mpletely ond 2 sh	14. F#	THER'S NAME FIRST	MIDDLE LAS	1	15. MOTHER'S MAIDEN NA	WIDDLE	LAS.
oe execut n and co	16a V	VAS DECFASED EVER IN U.S. AR YES, NO OLUNKNOWNI) (IF YES, GIV	MED FORCES? 16b. SOCIAL E WAR OR DATES) 237 -10	SECURITY NO. 6-3485	TRENZ Sin	ADDRESS W.	forest Ph.
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	D BY:		1951		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
oumotic of the state of the sta		Conditions, if ony, which	DUE TO, OR AS A CONS	SEQUENCE OF	Arrest		
hot the by the lose right of the tree		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONS	SEQUENCE OF 6	to blutona	Md Home	
RDS, 20 requires t resigned Then ple to burno njury, or	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 110
he low re on. hos beer r permit.	CERTIFICATION	190 DATE OF OPERATION	1%. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF IN CES	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
SICIAN: Ting physicing physicing-certificate ringl-tronsit from 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATUS) IY IN ITEM	IS PART (OR PART 2)
PHY endire this dor	MEDICAL	18 EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE ALL WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
END Tolo OR: A Heol		220.1 certify thor (1) (this hospi	tol) ottended the deceased f		d that in (my) (our) opinion	deoth occurred on the date and l	1, 19 19 1, the (1) (we) lost hour and from the couses stated
the hospiral Lor ATT the hospiral Lorent Lor		22b. SIGNATURE	I wiew the body offer death.	9144	DEGREE ATTENDING PHYSICIAN (MEDICAL STAFF	22L DATE SIGNED
TO HOSPITAL retoined by th TO FUNERAL should be deto with the Stote IMPORTANT: II		224 PHYSICIANS NAME INTER	remil) the / mo	7/11	2000 Me Lat	In Hoe Botton	ure. 1907
BP	23a - E	BURIAL, CREMATION, REMOVAL	23b. DATE 8/23/85		emetery or crematory on Forest VA	23d LOCATION OWINGS Mi	11s MD STATE
DHMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR Wm. C. March F/	Ή 1101 E. ੴ	Fth Ave.	25a. DA'	JG 2 2 1985 Julia	ISTBAR'S SIGNATURE



BP.

DHMH - 16 60M

1. DE	CE LCED MANNE			REG. NO.	
	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 2b. HOUR
	GLADYS	E.	ANDERSON	AUGUST 28,1985	2;47P
3. SE:	Х	4 RACE	5. DATE OF BIRTH		DER 1 YEAR IF UNDER 24 HRS
	female	Black	10 19 38	46 YRS	DATS HOURS MIN.
7a. B	IRTHPLACE (STATE OF FOREIGN	Th CITIZEN OF WHAT COUNT	RY? 8 MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF D	EATH
He	rtford, Nort	h Car. USA	WIDOWED DIVORCED		. M
10 C	ALTIMORE	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION REET ADDRESS) PKINS HOSPITAL		KIND OF BUSINESS O
130 130	AL RESIDENCE (IF NURSING HOME O	NTY 136. CITY OR T	FORE ADMISSION) OWN 13d. INSIDE CITY LIMI	TS? 13e STREET ADDRESS / ZIP CODE	
	Md.	Balto			21220
14. F/	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDE		
S	teven	Feito	n Lucili	Dhama	LAST
16a V	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIALS		ADDRESS	
	YES, NO OR UNKNOWN) (IF YES, GI	215-34	4-7121 TODD AND	ERSON 445 Random R	d. 21229
	18 CAUSE OF DEATH Enter of	nly ane cause per line for (a), (b)	andici		BETWEEN ONSET AND DEATH
131	PART I. DEATH WAS CAUSE	TE CAUSE (a) Vent	icular Fib	rillation	45 min
	The second second	DUE TO, OR AS A CONSE	OUENCE OF		
	Conditions, if ony, which	(1b)	0021102		
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	OHENCE OF		
	underlying cause last	DUE TO, OR AS A CONSE	OUENCE OF		
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN IN	PART Ira
CERTIFICATION	Rheuma	Lic heard	L disease		
Z F	190 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WEI	RE FINDINGS USED CAUSES OF DEATH?
Ě				YES NO YES	NO [
T W	210 ACCIDENT WAS UNDERLYING		21c. HOW INJURY OF	CCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I C	OR PART ?)
	OR CONTRIBUTING CAUSE OF DE		DAY YEAR		
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION		
×	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFF	ICE, FARM, ETC.) STREET	CITY OR TOWN C	OUNTY STATE
100		oital) attended the decensed fro	m 9-22-85 19	85 to 8 - 28 to	8. T. that (I (we) la
	only the decembed of the or	8-28		union death accurred on the date and haur and	
	224 SEGNATURE Glid blid re	at) view the bady after death.	DEGREE		120 DATE SIGNED
	CI		ATTENDA	NG _ MEDICAL _ STAFF	0 70-0
-	22d PHYSICIAN'S NAME (TYPE	and a	PHYSICI. 22e ADDRESS	AN DIRECTOR PHYSICIAN	0-20-0
	STE/			Hopkins Hosp	ital
23a	BURIAL, CREMATION, REMOVAL		3c. NAME OF CEMETERY OR CREMAT	CITY OR TOWN COLL	NIY STATE
	Burial	8-31-85	ARBUTUS MEM. P		
	UNERAL DIRECTOR		25	a. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S	SIGNATURE
24 F	EROY O. DYET	T AGOO LIDER	TV HOTE AVE		lson-Randage

STATE OF MARYLAND

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STATE OF MARYLAND FOR

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE 219085 REGISTRAR REG. NO. MIDDLE I DECEASED NAME 7h HOUR TYPE OR PRINTS 5. DATE OF BIRTH 3 SEX 4. RACE 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH STATE OF FOREIGN MARRIED NEVER MARRIED DIVORCED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13m STATE 13h COUNTY 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? St. スノスノフ Pitcher Baltimore YES D NO | 630 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Anderson derson dia ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-07-1153 Nelson 1344 Win ston NO 18. CAUSE OF DEATH (Enter only one couse per line for 101, (b1, and 101.)
PART I, DEATH WAS CAUSED BY: anest Cardra e IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF CONTRETA 16 mg rostate Metastah Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION hone 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [NO \square 71a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from Aug 438 83 _, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 72h SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN | DIRECTOR | PHYSICIAN | 224 PHYSICIAN'S NAME JAVM ORNENS 22e ADDRESS LENTER 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial 6/85 Eastview Balto. men. 9W 250. DATE REC'D. BY REGISTRAR 2514 REGISTRAR SSECNAL TREE 24 FUNERAL DIRECTOR AUG 5 C. march E/H

North Ava

DHMH - 16 50M 4/83 (VRA 15, 4)

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL AUGIEND CERTIFICATE OF DEATH

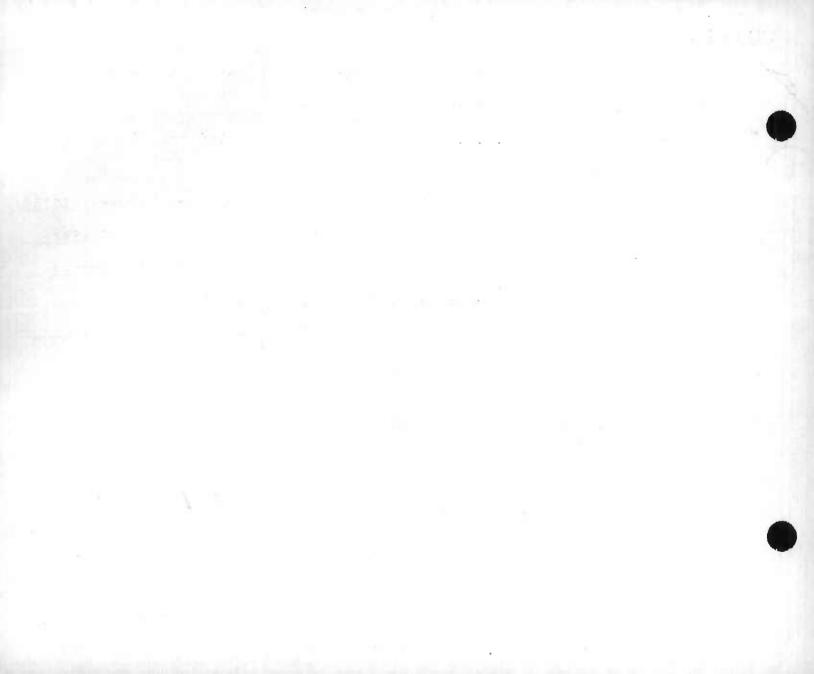
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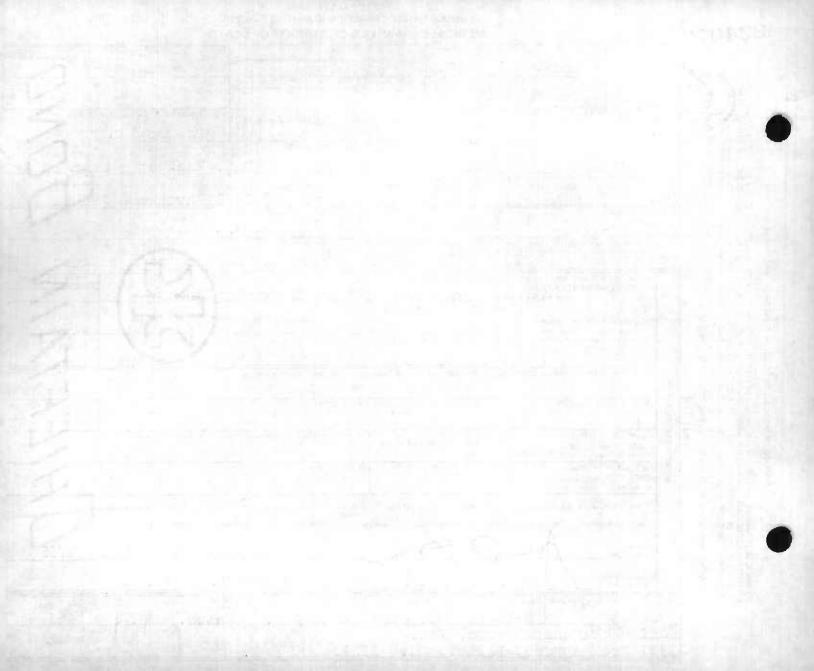
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

DHMH -

	PECEASED NAME FIRST	T MIDDLE	LA	iST	7a. DATE OF DEATH MON	TH DAY YEAR	2b. HOUR
	Lul	.a Mae	Ander	cson	August 1,	1985	
3.5	SEX	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY		IF UNDER 24 HE
	Female -	Black	MONTH 9	3 YEAR		YRS.	HOURS MI
70.	BIRTHPLACE (STATE OR FOREIG		INITENZO II		A PALTIMODE CITY OF CO		
	COUNTRY)	II C A		NEVER MARRIED			
	Alabama	U.S.A.	WIDOWEI	<u> </u>		12b KIND OF	BLISINIESS
		(IF NOT IN SUCH FACILITY, GE	VE STREET ADDRESS)		[TYPE OF WORK FOR MOST OF WO		0031142334
	BAltimore	3317 Pat		1 e			
		OME OR OTHER INSTITUTION, GIVE RESIDEN		134 INSIDE CITY LIMIT	TS? 13e.STREET ADDRESS / ZIP	CODE	
I	Maryland	Bal	timore	YES X NO	3317 Pator	Avenue 2	21215
14.	FATHER'S NAME	WIDDIE I	ASI	15 MOTHER'S MAIDE	N NAME MIDDLE	1451	
	Will	Dawso		Lula	MIDULE	Riggi	ins
I 6a	WAS DECEASED EVER IN U.		AL SECURITY NO.	17. INFORMANT	ADDRESS	N-66-	1110
1	(YES, NO OR UNKNOWN) (IF	ES, GIVE WAR OR DATES)	42 2002	Tomos A.	-domeon 2217 T	latan Assas	
_	NO	1420-	42-3002	James Ar	nderson 3317 E		
	IS CAUSE OF DEATH (En	ter only one couse per line for (o)	, (b), and (c).)	0 0 0		BETWEEN ON	NATE INTERVAL NSET AND DEA
		EDIATE CAUSE (o)	er of t	he Esoph	iagres with mete.	clases	
		DUE TO, OR AS A CO	NSECHENCE OF		1		
1	Conditions, if ony, whi		ces of	- the to			
	gove rise to immedia	te	()	-00- /-0			
	couse (o), stoting t		NSEQUENCE OF		4	ì	
1		(c)					
L		ant conditions <u>contributi</u>	NG TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE OR CONDITIO	ON GIVEN IN PART 1101	
일							
N A	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED		LIFYES, WERE FINDING CERTIFYING CAUSES C	
CERTIFICATION	1/29/8	Contract	of the	Esophag	YES NO	YES 🗌	№ □
1 8	21a. ACCIDENT WAS UNDERLYIN		TH DAY YEAR	21c HOW INJURY O	CCURRED (ENTER NATURE OF INJURY IN I	TEM 18 PART 1 OR PART 2]	
¥	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	OF DEATH	IH DAT TEAK				
MEDIC	ZId. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION			
ME	WHILE NOT WHILE E	(AT HOME, STREET, FACTORY	, OFFICE, FARM, ETC)	STREET	CITY OR TOWN	COUNTY	STATE
1				18/85	2/1/	- 6	
		hospital) attended the deceased		0 0 19	10 8		hot (I) (we)
	sow the deceased of obove (1) (we) (did) (lid not) view the body ofter deat	h. 19 85, or	d that in (my) (our) op	ornion death occurred on the date o	nd hour and from the co	auses stoted
	276 SIGNATURE	200	C	DEGREE		224 DAJE S	IGNED
ı	Mero	non card	n	ATTENDII PHYSICI		W 8/2	185
	22d PHYSI W'S NAME	TYPE OR PRINT)		27e. ADDRESS	- 411 0	FRALTIA	JORE
/	Cu	= ERON		SINAI	MODINIS		, -, &
100	BURNIN CREWITION REW	CV TOOL	Tab. MANE OF CO	METERY OR CREMAT			
730	BURIAL, CREMATION, REM	236 DATE 8/7/85	King M	Emorial I	Park Randallst	COUNTY	Md STATE
		071703	King H			•	
	FUNERAL DIRECTOR	7/Y T	DORESS TO	250	o. DATE REC'D. BY REGISTRAR 25b.	REGISTRAR'S SIGNATU	and Po
1	wm C March	F/H Inc. 1101	E Nort	n Avenue	AUG 6 1985	TO MOTO LATION ALLA	1



	0-	1.	FOR STATE					AND MENTAL H		3	9 9	
	224078		REGISTRAR		ME	DICAL EXAMI	NER'S	CERTIFICATE	F DEATH " REG	NO.		
		1 DE	CEASED NAM	E FIRST		MIDDLE		LAST	20 DATE KNOWN		DAY YEAR	26 HOUR
	Walder K	(TYP	E OR PRINT)	Joseph		s.	7.	ndrews	OF ESTI-			
	SOHE W	3 SEX			DATE OF BIRTH	6 AGE (IN		DER I YR. IF UNDER		MONTH	6 19 85	2d. HOUR
	E HE X	3 32/		7. NACL	MONTH DAY	YEAR LAST BIRT	HDAY) MONT		MIN. PRONOUNCED			3:14A
2	Sab (le	Cauc.	12-11-		YRS.		DEAD	8	6 1985	M.
	NE 0 2 12		RTHPLACE (S	TATE OR	76. CITIZEN OF W	HAT COUNTRY?	8 MARR	IED NEVER MARR	IED 9 BALTIMORE CIT	Y OR COUN	TY OF DEATH	
	日本日を	Md			US	A	WIDOW			ore C	itv	MD.
	ED SE	10. CI	TY OR TOWN	OF DEATH		SPITAL, NURSING HO		IER INSTITUTION	120. USUAL OCCUPATION	(TYPE OF WORK	126. KIND OF BU	ISINESS
	ALA HATE	-	Balti	marca		ACILITY, GIVE STREET ADDRES		oi+o1	FOR MOST OF WORKING LIFE)	- 10	OR INDUSTR	
	AND 3 TO RETAIN PAHOULD BE RECORDS.	USU			OTHER INSTITUTION G	on Memoria	T HOS	ortar	Ret. Manag	er	Western	Auto
	TH. IF ANY DEI 1, 2, AND 3 TC M 3. RETAIN D 2 SHOULD BE IJFAL RECORDS	13a. S	TATE	136 COUNT		13c. CITY OR TOWN		134 INSIDE CITY LIMITS?	13e STREET ADDRESS		21213	
	Z A A B B B B B B B B B B B B B B B B B	Md				Balto	•	YES NO	3831 Raven	wood	Avenue	
	A 22 3 2 3 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3	14. F/	THER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDE	N NAME MIDDLE		LAST	
	AGES 1, 2, AND 2 SH	Jo	hn An	drews				Anna G				
	TER DE PAGE PAGE IN ON	16a. V	VAS DECEASE	DEVER IN U.S. ARM		168. SOCIAL SECUP	ITY NO.	17 INFORMANT	ADDR	ESS		
	JRS AFTER DEATH. IF B. GIVE PAGES 1, 2, WITH FORM PM 3. T. PAGES 1, 2, DIVISION OF VITAL	ye	ES, NO, OR UNKNO	(11 100, 011 6 11	WII	213-09-3	659	Maryann	Andrews s	ame a	address	
				1				IIdI j dilli	Imarcwo 5	anc c	APPROXIMATE	INITERVAL
			PARTIDE	CATH WAY AC CALICED	DV	e for (a), (b), and (c).)					BETWEEN ONSET	AND DEATH
	V 24 HO N ITEM 1 ALONG IT PERM YGIENE			IMMEDIATE				c cardiovas	scular disease	3		
	A TALLA				DUE TO, OF	R AS A CONSEQUENC	E OF				1	
1	A A N. A N. A A N. A N			ns, if any, which	(b)							
	S N N N N N N N N N N N N N N N N N N N		couse (o) stating the <u>under</u> -	DUE TO, OF	AS A CONSEQUENC	E OF					
	UTED WITHI IN PENCIL EXAMINER PAL-TRANS O MENTAL I		lying cou	ise last.	(c)							
	EXECUTE OF THE STATE OF THE STA		PART 2 OTHER SI	IGNIFICANT CONDITIONS CO		BUT NOT RELATED TO THE T	PMINAL DISEAS	E OR CONDITION GIVEN IN PA	PT 1 (a			
	L RECORDS, 201 W. PRESTON ST JUD BE EXECUTED WITHIN 24 HO "PENDING" IN PENCIL IN TEM 1 F. MEDICAL EXAMINER ALONG ED AS A BURLAL-TRANDIS PERMI HEALTH AND MENTAL HYGIENE, LL, CREMATION, OR REMOVAL.	z				TO THE TENTE OF THE TENTE	KMINAL DIJLAJ	L OK CONDITION GIVEN IN TH	KI I (U			
	D BE E PENDII MEDIA AS A EALTH	CERTIFICATION	190 DATE OF	OPERATION	Tias CONIDI	TION FOR WHICH OP	EDATIONIVA	AC DEDECORALEDS			To the second	
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(SPECIFY) Rurial 8-30-85 Holy Cross Brooklyn Md.	-	220 5			122.	NAME OF C			nter	
A JULY CLOSS								CITY OR TOWN	COUNTY	STATE
TO TOWER ALD IKEL TOK			UNERAL DIRECTOR	8-30					ISTRAR'S SIGNATI	

DHMH - 16 60M 7/84

(VRA 15, 4)

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

Holy Cross
ADDRESS 1050 York Rd.

Brooklyn

Ma.

250. DATE REC'D. BY REGISTRAR 756. REGISTRAR'S SIGNATURE
AUG 28 1985

Editor and DAS Back

DEPARTMENT OF HEALTH AND MENTAL FIGURES
CERTIFICATE OF DEATH

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3. SEX 7a BIR 10 CIT F JSUA 13a S P FA C (Y)	MEDICAL CERTIFICATION
Subject an and completely filled in by the funeral director page 3 spaces report to the director page 3 spaces in the filled interpretation of the death and the filled interpretation of the death are in the medical control of the filled in	TO FUNERAL DIRECTOR: After this certificate has been signed by the of intil Control of should be detached for use as the buriol-transit permit. Then please remove without be detached for use os the buriol-transit permit. Then please remove with the State Dept. of Health and Mental Hygiene prior to buriol, cremaining. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other transmittee with the mind.
To be executed without 24 hours offer death. Fuge 4 may be	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the distriction retained by the hospital or attending physician.
IMORE, MARYLAND 21201	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

REOISTRAN					REG	, NO.		*
DECEASED NAME TYPE OR PRINTS	FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
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Maryland	USA		WIDOWI		Baltimor	e City		M
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Baltimore		mes Hospita	_		Ret Sa		INDUSTRY	bing Co.
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Maryland	Baltimore	Pikesvi		13d. INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRES			21208
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sow the deceased	olive on	ofter death	. 0	nd that in (my) (our) opinion	death occurred on the	e date and hour on	d from the	couses stated
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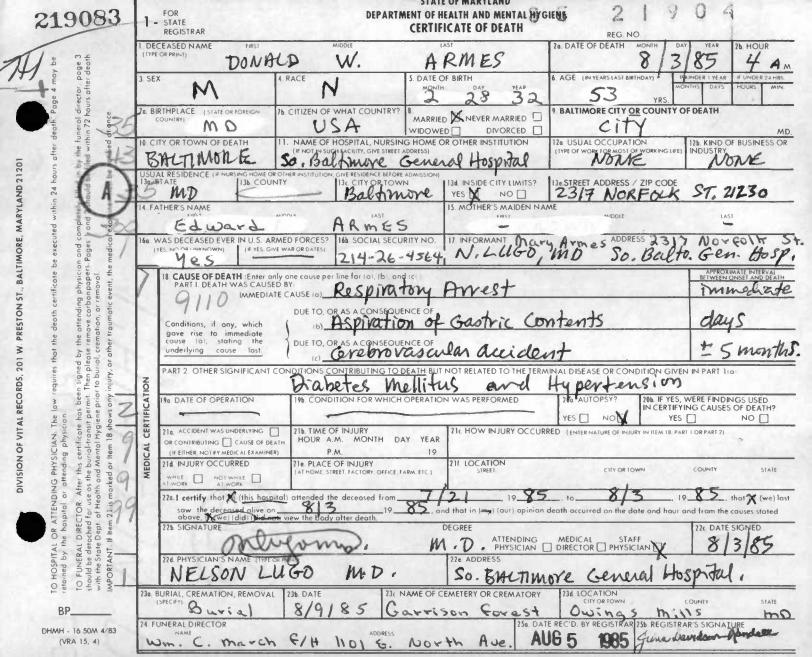
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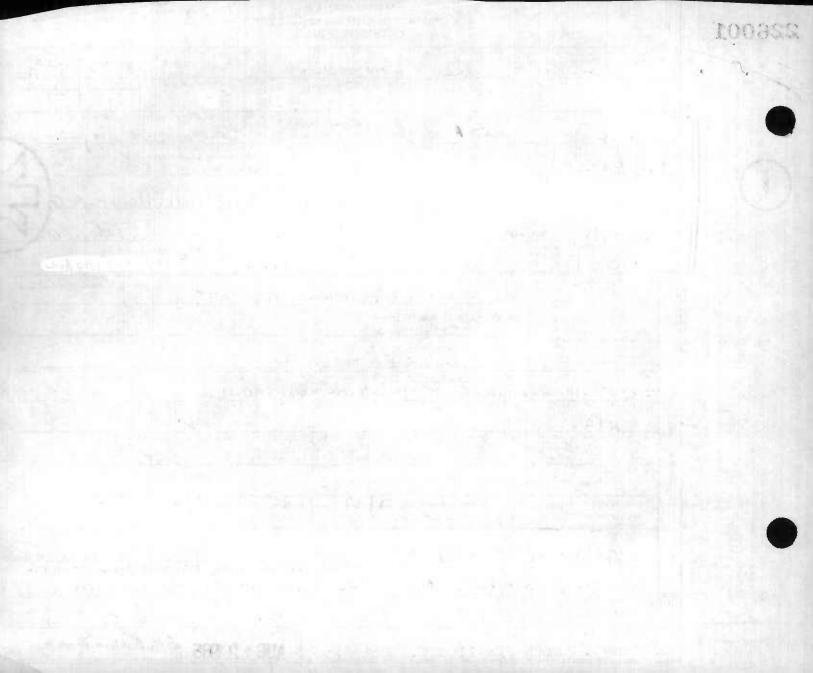
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250 DATE REC D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE

Artia Davidson-Andrea

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

William C. March F/H 1101 E. North Ave



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	os o	Fe	emale	200	/ White		8	21	1903	81	YRS		
	2 Podi		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8 MARRIE	D NEVER	MARRIED -	9 BALTIMORE CIT	OR COUN	TY OF DEATH	
	200		aryland		U.S.A.		WIDOWE		NORCED	Baltimo			MD.
	13/	10 C	TY OR TOWN OF DEA	TH		HOSPITAL, NUR		OR OTHER INS	NOITUTION	120 USUAL OCCUP		12b. KIND OF LIFE) INDUSTRY	BUSINESS OR
201	13 O		altimore			Scott		dical	Center	Housewif	e		
213	Poor Total	13a S	AL RESIDENCE (# NURSI	NG HOME OR	OTHER INSTITUTION,	13c. CITY OR TO	FORE ADMISSION)	13d. INSIDE	CITY LIMITS?	13e.STREET ADDRES	S / ZIP COI	DE	
AND			aryland	Balt	timore	Dunda:	Lk	YES 🗌	NO 🖹	2709-B	Dunmu	rry Road	21222
RYL	Taring 12 stell	14 FA	THER'S NAME FIRST		MIDDLE	LAST		15. MOTHER	'S MAIDEN NAM	NE MIDDLE		LAST	
W	b ample	-	ohn			itzenb			aude		14.0	Emeric	
ORE.	dico dico		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SI	ECURITY NO.	17 INFORM	ANT	ADI	DRES 228	S.E. Ori	ole Ave
¥ .	S. Po	No				220-22	2-4702	Patr	icia BAr	nes	Stua	art, Fla.	
BAL	ote sperior vol.		18 CAUSE OF DEATH	1 (Enter on	ly one couse per	line for (o), (b),	ond (c).)			1			ATE INTERVAL
TS.	a phy on p ewen	24			E CAUSE (o)	Co	ndla	~	anu	/		Me	ins
NO .	notic	10			DUE TO, O	R AS A CONSE	QUENCE OF	. 1 .	11	,		1.	
EST	deo ofte ofte ofte roun		Conditions, if any,		(b)_		CC	adon	1 duy	whemen		no	us
>	the rem	31	couse (a), stating	g the	DUE TO, O	R AS A CONSE	QUENCE OF	0		20		40	
7 .	d by d by leose iol, c		underlying couse	1051	((c)			nuem	nang	edera		rei	us
S, 2	en p en p bury,	z	PART 2. OTHER SIGN	IIFICANT C	CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATE	D TO THE TERMI	NAL DISEASE OR C	ONDITION G	IVEN IN PART 10	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	been s rmit. Th prior to ony inj	CERTIFICATION	19a DATE OF OPERAT	ION1	TIN COND	ITION FOR WH	ICH OBERATIO	ALM/AC DEDE	OBMED	70a AUTOPSY?	Table 15 V	ES, WERE FINDIN	CCUCE
REC	low r	FICA	196 DATE OF OPERAT	ION	198. COND	IIION FOR WH	ICH OPERATIO	IN WAS PERF	OKMED		IN CERT	TIFYING CAUSES	OF DEATH?
TAL	ysicior pysicior ransit p Hygier B	ERTI	71a ACCIDENT WAS UND	FRIYING [7 21b. TIME O	F IN IURY		17)r HOW I	N JURY OCCURR	YES NO	30	YES DEPART 21	NO 🗌
<u> </u>	Y d T T O E		OR CONTRIBUTING	_	HOUR A.	M. MONTH			THE COUNTY	ED TENTER NATURE OF	NOW IN THE MILE	7 7 ART 1 OR 7 ART 21	
N	s cert ding S cert Mentol	MEDICAL	(IF EITHER, NOTIFY MEDIC		P. PLACE		19	211 LOCAT	ION				
/ISIO	I C F TO	441											STATE
	the the	Σ	WHILE NOT WH	3.0	(AT HOME, STA	REET, FACTORY, OFFI	CE, FARM, ETC)	STREE	T	CITY O	RIOWN	COUNTY	37/416
2	After the cost the co	W	AT WORK AT WOE	IK			-	STREI	ET .	city o	RIOWN	- Lair	
VIQ	TENDING Protocolor of Affect to the or the free of the order to the free of th	WE	22a.l certify that (1)	whis hospi	tol) ottended th	e_deceosed fro	m 8	STREI	19 83	10 8/15		, 198, 1	not (I) (we) lost
No.	A ATTENDING P hospitol or other RECTOR: After the ed for use as the pt. of Health and em 21 is marked	WE	220.1 certify the	whis hospi	tol) ottended th	e_deceosed fro	m 3	STREI	19 83	to 8/15		, 198, 1	not (I) (we) lost ouses stoted
NIQ	LOR ATTENDING P the hospitol or offer LDRECTOR: Affer ti toched for use as the e Dept. af Health one if Hem 21 is morked	WE	22a.l certify that (1) sow the decease above (1) (v) e (1)	whis hospi	tol) ottended th	e_deceosed fro	m 3	ond that in (hy	Jour) opinion d	eoth occurred on the	e dote and he	, 19 , the cour and from the c	not (I) (we) lost ouses stoted
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•	Te to the First	W	220.1 certify that (1) sow the decease obove (1) (v) eV of 22b. SIGN ATURE	Whis hospidalive on idi) (did no	tol) ottended th	e_deceosed fro	m 3	nd that in (by	ATTENDING PHYSICIAN	eoth occurred on the	e dote and he	, 19 , the cour and from the c	not (I) (we) lost ouses stoted
•	TO HOSPITAL OR ATTENDING Pretoined by the hospital or offer the property of th		270. I certify the (1) sow the deceose obove (1) (1) (2) 27b. SIGNATURE 27d. PHYSICIAN'S NA MICH	Whis hospidalive on id lid live on wild no will have on the control of the contro	tol) ottended th	e deceosed fro	W W	DEGREE M The ADDRE	ATTENDING PHYSICIAN SS.	eoth occurred on the	e dote and he	, 19 , the cour and from the c	not (I) (we) lost ouses stoted
•	Te to the First	23a. E	220. I certify the (1) sow the decesse obove (1) (week) 22b. SIGNATURE 22d. PHYSICIAN'S NA 22d. PHYSICIAN'	Whis hospidalive on id lid live on wild no will have on the control of the contro	tol) ottended the view the body	e deceosed fro	M P D A 33. NAME OF C	DEGREE Me ADDRE	ATTENDING PHYSICIAN CE	MEDICAL SHORTON	TAFF SICIAND	22c DATES 8 - C	not (I) (we) lost ouses stoted IGNED S-85
•	Te to the First	23a. E	22a. I certify the (1) sow the decess obove (1) (we kee 22b. SIGNATURE 22d. PHYSICIAN'S NA URIAL, CREMATION,	Whis hospidalive on idily did no	tol) ottended the view the body PRINT) 23b. DATE 8/17/3	e deceosed fro	M A 33. NAME OF C Oak L	DEGREE M The ADDRE	ATTENDING PHYSICIAN CE	MEDICAL SHORTON Baltimo	TAFF SICIAND	22c DATES 8 - C	not (I) (we) lost ouses stoted IGNED S-85

(VRA 15, 4)



Henry W. Jenkins & Sons Co., Balto., Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

harry V. - brind a confidence of Balto., vo. - mest

ons. I depund a service of the first of the

Manager Constant Constant Constant

23	33132		,	FOR		DEPART		EALTH AND M		ene 2	1 9	0 9	
	/		1 -	STATE REGISTRAR				CATE OF DE		REG. N	0.	+	
/	ω£			EASED NAME FIRST OR PRINT) BERNA		MIDDLE	AUN	uPUL		20. DATE OF DEATH	MONTH DA		26 HOUR
3/ 1	poge 3	H	3. SEX		4. RACE		5. DATE O		`	6. AGE (IN YEARS LAST BIR			IF UNDER 24 HRS
7	s ofte			MALE	CANC	ACION	MONTH 02	DAY OS	D2	82	YRS.	INTHS DAYS	HOURS MIN.
3	hour	17		RTHPLACE (STATE OR FOREIGN OUNTRY)		WHAT COUNTRY?	8.	NEVER MA		9. BALTIMORE CITY		F DEATH	
	an 72		E	STONIA	U:	SA	WIDOWE	D DIV	ORCED 🔲	BALTIMOR	ECITY		MD.
5	by the fulled with	19		ALTO.	NORTH	HOSPITAL, NURSIN CHARLES				120. USUAL OCCUPAT		12b. KIND OF INDUSTRY	BUSINESS OR
	filled in ould be f	35	USUA 130 S	L RESIDENCE (IF NURSING HOME OR TATE 136 COUN		GIVE RESIDENCE BEFORE	N	13d. INSIDE CIT	Y LIMITS?	13. SIREELADDRESS	ERTY	HGTS A	AVF.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLA DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLA DIVISION Requires that the death certificate be executed within	npletely and 2 sh	0		THER'S NAME	MIDDLE	LAST		15. MOTHER'S /	MAIDEN NAM			LAST	
ORE, A	Pages Medical e	1		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17. INFORMAN		ADDR			14-3-
TIMO	S. Pog	1	0	NO	- Transfer of	0931446	718	ROBERT	DEFO	NTES 4017	LIBE		
BAL.	poper poper novol.			18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D BY:	r line far (a), (b), an	SOL	010 4	MAT	0-0-0	Quand		NSET AND DEATH
IS N	ding porton	90		IMMEDIAT	E CAUSE (o)	R AS A CONSEQU	ENICE OF	1201	1000 (1	coed, d		1	
ESTO	offen ove co flion,			Conditions, if any, which	((b)_	The last of the la	ede	d au	mula	ted Stup (and		
W. PR	by the osse removed other tr			gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, C	OR AS A CONSECU		Vancus		incipedo	n	La constant	
S, 201	igned l en pleo buriol		2	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO				NAL DISEASE OR CON	DITION GIVE	N IN PART 110	
CORD	been s mit. Th prior to ony inje	0	CERTIFICATION	190. DATE OF OPERATION	19b COND	OITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?	20b. 1F YES.	WERE FINDING	GS USED
IL RE	hos b perm ene pr	7	TIFIC							YES NO	IN CERTIFY!	NG CAUSES	OF DEATH?
Z Z	hysici icote ronsi Hygi 18 sh	Q	-	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		OF INJURY M. MONTH D	AY YEAR	21c. HOW INJ	URY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM IB PAR	T 1 OR PART 2)	
NO N	certifico priol-tron tentol Hy tem 18	1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P	.M.	19						
/ISIO	r this the bu		MED	21d. INJURY OCCURRED WHILE NOT WHILE		OF INJURY TREET, FACTORY, OFFICE, I	FARM, ETC)	211. LOCATION		CITY OR TO)WN	COUNTY	STATE
VIO ONIO	or o se os se os mork	n	9	22a.1 certify that (I) (this hospi	tol) ottended t	he deceased from _	06	-20-	19 83	10 08-	13-19	85	hat (I) (we) lost
	Spitol For u of H	17		saw the deceosed olive on obove, (I) (wer (did) did no	08	r 13- 19	85 , on	d that in (my) (our) opinion d	eath occurred on the d	ote and haur o	and from the co	ouses stated
8	be hos oched Dept. H ttem	Н		22b. SIGNATURE	M			DEGREE	TENDING	MEDICAL STA	FF	22c. DATE S	IGNED - 13-83
PITAL				22d PHYSICIAN'S NAME (TYPE	R PRINT)		/	1220 ADDRESS	HYSICIAN (DIRECTOR PHYSIC	O	1 0-	12-63
HOSPI			Ų.		IR,M	Q.			20	+ UTWOR	E M	7 313	12
0	BP		23a. B	URIAL, CREMATION, REMOVAL SPEC BURIAL	236 BATE 7	7-85 MT	NAME OF C	ON CEM.		BAL TOWN		COUNTY	STATE
DHA	AH - 16 50M 4/82		24. FL	ROY O. DYET	4600	LIDER	4		25a. DATE	REC D. BT REGISTRAR	A DESISTRA	AR'S SIGNATU	IRE randelle
	(VRA 15. 4)			LUCI OF DIFII	4000	LIDEKII	HGT:	S AVE.	All	IG 1 9 1985	17.		1

The Court of the C

TO THE ETON WINDOWS DESIGNATION OF WORLD STATE OF

		MARYLAN	110	201140
DEPARTMENT	OF HEALT	H AND ME	NTAL HYSIEN	E
CE	RTIFICA	TE OF DE	ATH	

2381	21	1.	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYSIENE 2 CERTIFICATE OF DEATH REG. NO.								
oy be death			CEASED NAME OR PRINT) J	AMES			AYDEL	OTTE	AUGUST		14.45	26 HOUR P 9:12 _M	
ge 4 moy		3 SE	[×] Male		Blac	k	5. DATE C		6 AGE (IN YEARS LAST B	SIRTHDAY) IF MO	UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.	
leath Pa	1186	7a. B	RTHPLACE (STATE OR I COUNTRY) Delaware	FOREIGN		WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY BALTIM	OR COUNTY O		MD.	
by the fu	33	10 C	BALTIMORE	ATH	THE JO	CHEACILITY, GIVE STREET HNS HOPKI	NS HO	SPITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDU				
DO D						Baltimo	'N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		Pk. Av	e. 21213	
ond 2 sh	Sephine Continue	14 F/	Earl	۸	MDDLE	Aydelotte		15. MOTHER'S MAIDEN N	NAME MIDDLE		Jeffer	1	
age 1	medicol	16a V	VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES!	166 SOCIAL SECU	IRITY NO.	Earl Jones	1827 Patters	RESS	Ave.		
physical property of the party			18 CAUSE OF DEAT PART I. DEATH W	AS CAUSED	y one couse pe BY: CAUSE (a)	r line for (a), (b), on Cardi		emonary	arrest		APPROXIV SETWEEN C	MATE INTERVAL ONSET AND DEATH	
death ce atternin ave lath stian	rouman		Canditions, if ony,		DUE TO, C	DYMA	NCE OF	Electrolyt	e abnorm	althe	24	hrs	
that the d by the ease rem ol, cremo	or ather t	13	cause (a), stotin underlying cause	ig the	DUE TO, C	DR AS A CONSEQUE	L St	age Rena	e Disease		20	no	
requires en signe Then pl	rinjury, o	NOIL	PART 2 OTHER SIGN		Se	rue lu	ng o	disease	RMINAL DISEASE OR CO		35-		
The low tion. e hos be sit permit	2 monsou	CERTIFICATION	190 DATE OF OPERA				OPERATIO	N WAS PERFORMED	YES NOW	IN CERTIFYII	WERE FINDIN NG CAUSES I	OF DEATH?	
SICIAN. ng physic certificat riol-trans	Hem 18 s		210, ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA			AY YEAR	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART	1 OR PART ?)		
after this as the but Mond M	orked ar	MEDICAL	21d. INJURY OCCUR!			OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR I	OWN	COUNTY	STATE	
spital or CTOR: A I for use	21 is mc		saw the decease above, (I) (we) (c		61	16	85.0	122 , 19 <u>8</u> and that in (my) (aur) apinio	5 , to 0 /	18 19 date and hour a		tha (1) (we) last causes stated	
y the ho y the ho RAL DIRE detached	T. If Ben		22b. SIGNATURE	Y.A	arre			DEGREE ATTENDING PHYSICIAN	DIRECTOR PHYS	AFF ICIAN Z	8-1	18-85	
O HOSPITAL etoined by tl TO FUNERAL should be det	MPORTAN		22d. PHYSICIAN'S N	AME (TYPE OF	GIAR V		134	THH	BALTIMORI	E 21205,	MD.		
BP	_		BURIAL, CREMATION,	REMOVAL	23b. DATE 8/23/8			emetery or cremator ew Memorial I	Pk. Baltim		OUNTY	STATE MD	
DHMH - 16 60M (VRA 15, 4		24 FI	Wm. C. Ma	rch F	/H 110	DI E. Nort	th Ave		NO 2 2 1985	R 256 REGISTRA	Just State	ander	

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

9		4
an	9	-

REGISTRAR			CERTIFICATE OF DEATH	REG. NO.			
DECEASED NAME	FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	2h HOL	IR .
TYPE OR PRINT)	IRMA	M	AYRES	AUGUST 30, 1985		4:1	7 3
SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER	24 HR
FEMALI	E	WHITE	AUG. 14 1914	71 YRS	MONTHS DAYS	HOURS	M IN
BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY?		8 NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH				

MD. U.S.A. 10 CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

JOHNS HOPKINS HOSPITAL

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

120 USUAL OCCUPATION HOMEMAKER

BALTIMORE CITY

13e STREET ADDRESS / ZIP CODE

126 KIND OF BUSINESS OR INDUSTRY

21213

BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION MD 4 FATHER'S NAME

FOR

GIVE RESIDENCE BEFORE ADMISSION 134 CITY OR TOWN BALTIMORE LAST

YES X NO T 15. MOTHER'S MAIDEN NAME

WILLIAM AYRES

3406 CHESTERFIELD AVE MIDDLE

JOHN

Η. 60 WAS DECEASED EVER IN U.S. ARMED FORCES

MIDDLE

NORR 166 SOCIAL SECURITY NO 219-58-4330

ELSIE 17 INFORMANT

13d INSIDE CITY LIMITS?

ADDRESS (HUSBAND)

SAME ADDRESS

FOELLER

NO 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY.

Ang (or 10), (b), and (c) MOCANDA IMMEDIATE CAUSE 1a

MILLER (yours), A

Conditions, if any, which gove rise to immediate couse (a), stating underlying couse

lost-

DUE TO, OR AS A CONSEQUENCE OF

MICTION

20a AUTOPSY?

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to

and that in (my) (aur) opinion death accurred on the date and have and from the chuses stated

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [

COUNTY

ON CONTRIBUTING TO CAUSE OF DEATH

20 I certify that (II (this haspytal) at

22d. PHYSICIAN'S NAME (TYPE DRIPPIN)

HOUR A.M. MONTH DAY YEAR P.M.

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2)

21d INJURY OCCURRED

21e. PLACE OF INJURY AT HOME STREET, FACTORY OFFICE FARM, NOT WHILE

211 LOCATION

CITY OR TOWN

STATE

7% SIONATURE

DEGREE 22e ADDRESS

21213

ATTENDING PHYSICIAN

DIRECTOR PHYSICIAN

BP

23a BURIAL, CREMATION, REMOVAL (SPECIFBURIAL

9/3/85

23¢ NAME OF CEMETERY OR CREMATORY GARDENS OF FAITH

23d LOCATION BALTIMORE

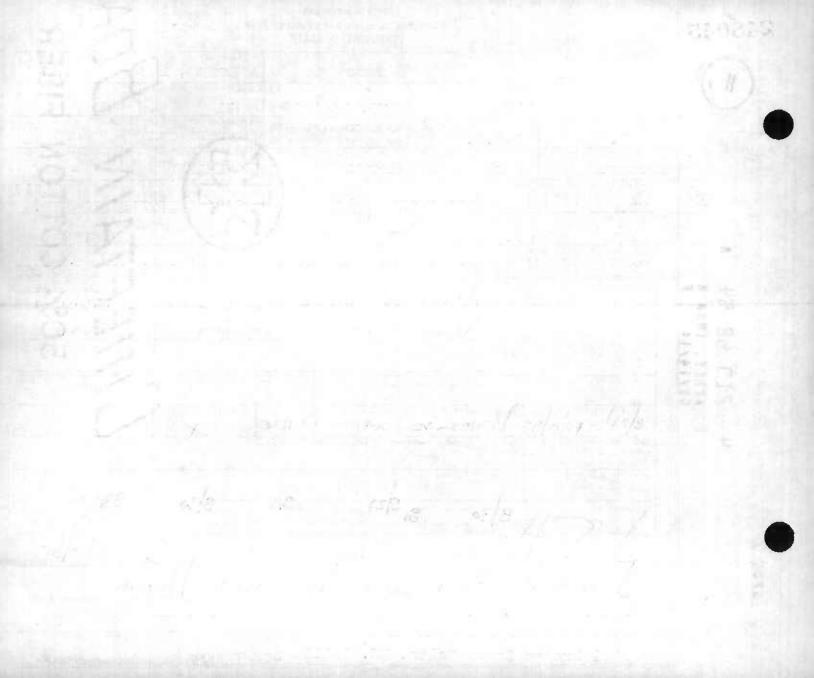
REGISTRAR 256 REGISTRAR'S SIGNATURE

MD.

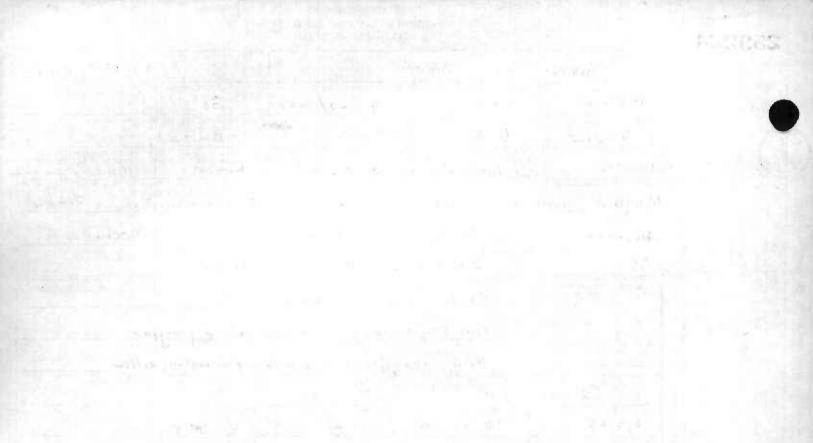
24 FUNERAL SCHIMUNEK FUNERAL HOME, INC. 3331 Brehms Lane, Balto. Md.

runa brundson bandale

DHMH - 16 60M 7/B4 (VRA 15, 4)



cins # 84 14 F. Init 6606



DHMH - 16 60M 7/84 (VRA 15, 4)

ma waydow

REG NO 25 HOUR

27 8:00p M IF LINDER I VEAD

BALTIMORE CITY OR COUNTY OF DEATH

Baltimore City

126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

Interior Design

21234

Vesta

STATE

Md.

10023

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES [

COUNTY

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN Balto. Balto. Westview Cemetery

24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 21204

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

Ruck Towson Funeral Home, Inc.

8-29-85

23g BURIAL CREMATION REMOVAL

Cremation

FOR

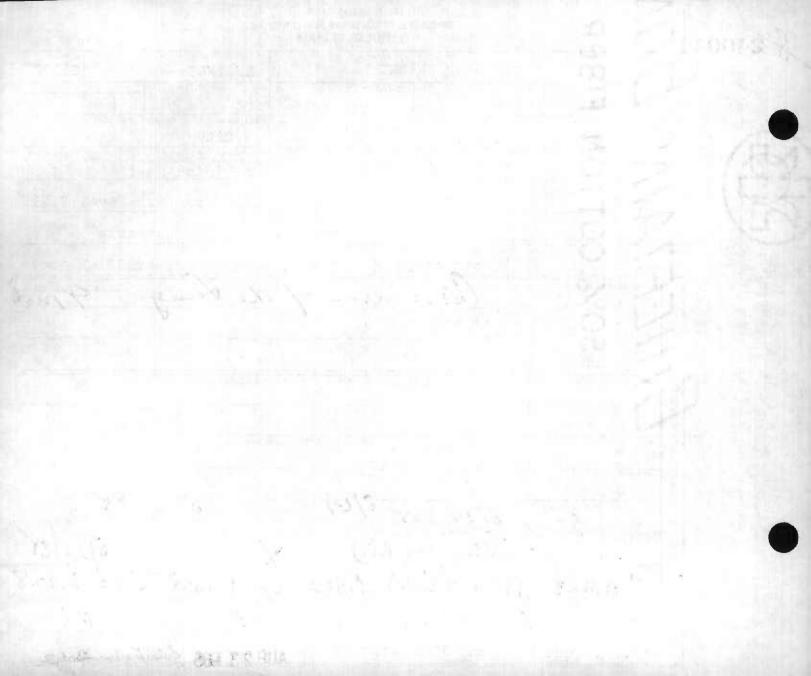
REGISTRAR

- STATE

246097

1050 York Rd.

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7.7.						
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.63.			Sty .			CImmunic
Wilder			.7		C	.uc. 15 80



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES 219081 - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME LAST 20. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINTS ROBERT BAILEY AUGUST 3, 1985 A AGE EIN YEARS LAST BIRTHOAY) IF UNDER ! YEAR 3 SEX 4. RACE 5. DATE OF BIRTH IF LINDER 21 HRS MONTH YEAR 1929 To BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY MARYIAND WIDOWED DIVORCED I NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR BALTIMORE INDUSTRY THE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

130 STATE

131 COUNTY

131 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Mal BALT inal George FATHER'S NAME 15. MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT HEYES GIVE WAR OR DATEST 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic PART I. DEATH WAS CAUSED BY Intractable noisustoard IMMEDIATE CAUSE (0)_ DUE TO, OR AS A CONSEQUENCE OF 2 weeks Sepsis Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. 4 months acute myelogenous leukemia CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION failure Acuta renal 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 90 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES [NO [71n ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED | LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 216 INJURY OCCURRED 21ª PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE STREET AT HOME STREET, FACTORY OFFICE FARM ETC 1 WHILE NOT WHILE THE 220 I certify that (1) (his hospital attended the deceased from June DIRECTOR sow the deceased alive on bove (1) (we) (did) (did not) view the body after death 19 85 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED 8/3/85 ATTENDING MEDICAL STAFF am DIRECTOR | PHYSICIAN APORTANT 22d PHYSICIAN'S NAME (TYPE OF PRINT) WOLFE ST. BALTO. MD, 21205 should be Biroa Ellison Johns Hopkins Hospita 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 236 LOCATION 23b. DATE Midde 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 ADDRESS (VRA 15, 4)

200	,	1	FOR			DEPARTMENT	OF HEALTH	AND MENTALI	HYGIENE	9 1	3 1	1	
2260	002	1.	STATE REGISTRAR		ME	DICAL EXA	MINER'S	CERTIFICATE	OF DEATH	E REG. NO			
RAGE			CEASED NAM	E FIRST		WIDDIE		LAST	2n DAT	E KNOWN X		DAY YEAR	2b. HÖU
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2 30	E S FOR YOUR RILES D. WITHIN 72 HOURS W. PRESTON STREET,	3. SE	(Laura	S. DATE OF BIRTH	M.		aker NDER 1 YR. TIE UNDER			8/	9/19 85 DAY YEAR	
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- W.	RETAIN PAGE 5 F HOULD BE FILED, W RECORDS, 201 W. 1	ID. C	TY OR TOWN	OF DEATH	11. NAME OF HO	SPITAL, NURSING	HOME, OR OTH	ER INSTITUTION	12a USUAL OCC	UPATION (TYPE		L KIND OF BI	
(13	AESOO	18	Balti	moreo		ACRITY, GIVE STREET ADD			FOR MOST OF W	ORKING (IFE)		OR INDUST	TRY
1 83	N P P P P P P P P P P P P P P P P P P P	USU	AL RESIDENCE	(IF IN NURSING HOME C	OR OTHER INSTITUTION, G	IVE RESIDENCE BEFORE A	DMISSION)						
8 32	RETAIN HOULD B	13e. S	Md Md	13b. COUN	ITY	13c. CITY OR TO	WN	13d INSIDE CITY LIMITS?	13e STREET ADD	RESS 2	1215		1302
. ± .	ALM ALM	14 5				Baltime	ore	YES X NO	2501	Violet	Aver	nue Ar	ot N
₹ ±-	S S S	-	THER'S NAMI		MIDDLE	LAST		15. MOTHER'S MAID	EN NAME	WIDDLE		LAST	
DEA] GES	* 2500		eorge			Lips		Mary		J.	St	tevens	son
PA ER	FORM ON OF	16a V	VAS DECEASE ES, NO, OR UNKNO	DEVER IN U.S. ARA	MED FORCES?	166. SOCIAL SEC	CURITY NO.	17 INFORMANT		ADDRESS		la Pa.	
BALTIMORE. S AFTER DEA GIVE PAGES	TOS		No			207-12	-3883	Herman 1	Lipscom	1429	N 1	ln+h c	; ;+
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10 V	MINER ALON TRANSIT PER INTAL HYGIE OR REMOVA	- 1	E-VAIC	IMMEDIAI		AS A CONSEQUE		Caratovas	Curar DI:	sease			
E E	EW LEN		Conditio	ns, if ony, which									
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N SE	ON TOO	¥	UNDERLYING	OR NG CAUSE OF E			YEAR 9						
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DIV WRIT	SHEE	\$	AT WORK	NOT WHILE	STREET, FAC	TORY, FARM, ETC.)		TREET	CITY OR	TOWN	COUN	LA	STATE
£.3	PA STA		AT WORK	ATWORK	1					(FE)			
A P	SE SE		22a I certi	fy that I took charg	e of the remains of	scribed obove, held	on Autop	sy . Inspectio	n . Inqui	y X ond	in my opini	ion	
THE STATE OF THE S	ROIT		deoth result	ed from:	many X	Accident	Suicide	, Homicide	Undetermined	monner,			
S S S	AAR WAR		ACTUAL	1/	111			TITLE (SPECIFY)					
マ光	5 ₹£,, —		ACTUAL SIGNATURE.	X	11		м	.D. Assista	nt MEDICAL EXA	MINER	DATE SIGNED	8/10/	85
190	A SE SE	and	EXAMINER'S	NAME V							0101120		
MEDI	PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		(TYPE OR PRI	ore Gre	gory R. F	Kauffman,	M.D.	ADDRESS	111 Peni	n St.			
28	ADA A	23a.Bl	JRIAL, CREMA	TION, REMOVAL 2	36 DATE	23c. NAME O	F CEMETERY O	R CREMATORY	23d LOCATION				
07/84 BP_		(3	Crema	ation	8/12/85	Green	mount	Cemetery	Balti	more	COUNTY		TATE Id
25M	II. Stilly	24 Ft	INERAL DIREC	TOR				25a. DATE	REC'D. BY REGISTE		TRAR'S SIG		-
	1MH - 17 A15 ME (5))	Vi 1	liam	C Maral	h F/H 11		lox+ b	Ave AU	6 4 2 400	a disting	Davidson	~ Bandal	00_
			- L CUIT	C. Marc.	II L/II T	LUI E. I	OLUI	Ave AU	0 00	1.1.		1	

TO FUNERAL DIRECTOR After

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

233018

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIENS CERTIFICATE OF DEATH

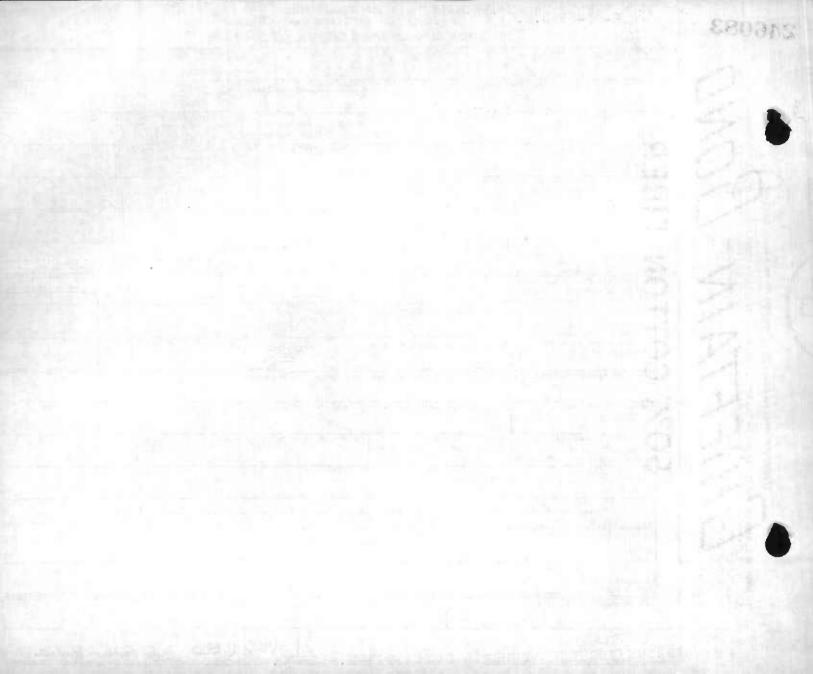
REG. NO.

REGISTRAR							REG. N	0.				
1. DECEASED NAME FIRST	MIDD	L.E	L	AST		20 DATE	OF DEATH	MONTH	DAY YE	AR 2	P HOU	R
Emily	Mar	rie	Balla	ard		Augus	t 15,	1985]	11:1	OAM
3. SEX	I. RACE		5 DATE C			6 AGE (IN	YEARS LAST BIR	THDAY)	IF UNDER 1		IF UNDER	
F	W		Marc	ch 16,	1901	84		YRS	MONTHS D	DAIS	HOURS	MIN.
	b. CITIZEN OF WH	AT COUNTRY?	8		MARRIED -	9 BALTIM	ORE CITY O	R COUNT	Y OF DEAT	Н		
Illinois	USA		WIDOWE	DA	DIVORCED		ltimo		ty,			MD.
Baltimore		Church H	ome	R OTHER IN	STITUTION	(TYPE OF WO	COCCUPATION FOR MOST COST COST COST COST COST COST COST C	F WORKING L		TRY	oto	SSOR
USUAL RESIDENCE HE NURSING HIME OR OF 130 STATE Md. Balti	TY 13c	CITY OR TOWN		YES 🗌	CITY LIMITS?	140	ADDRESS ADDRESS ADDRESS	zip cod	lace	2	2120)4
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60 WAS DECEASED EVER IN U.S. ARA	MAR OR DATES	SOCIAL SECUR		17 INFORA			ADDRE					
(YES NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES	318 05 2	399A	Mrs.	Virginia	a C. I	age :	1401	Smeto	n P	Lace	e - (
PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS	ardiopul: s a consequen etastati s a consequen	c bre			ì						
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OR CONTRIBUTING CAUSE OF DEAT	P.M.	MONTH DAY	YEAR		INJURY OCCURR	RED (ENTER		RY IN ITEM 18	PART I OR PAR	RT 2)		
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF I	FACTORY, OFFICE FAR		211. LOCA STR	ET		CITY OR TO		COUNT	ΙΥ	5	TATE
22a.l certify that (I this hospite saw the decase) alive an above, (I (we) (did) (did not 22b SIGNATURE	_	ceosed Hom	5 . on	of 13,	19 85	MEDICA	L STAI	ote and ha		, TRI		ve) ast
22d. PHYSICIAN'S NAME (TYPE OR	PRINT			22e ADDR	PHYSICIAN Chur		spita	- 1		915	100	
Mukesh Lub	ar, M.D.			100 N	. Broadw				21231			
230. BURIAL, CREMATION, REMOVAL (SPECIFY Cremation				EMETERY O	Cemetery	23d. LOC			Md OUNTY		SI	TATE
24. FUNERAL DIRECTOR					9	I .				NATIA	J.	9
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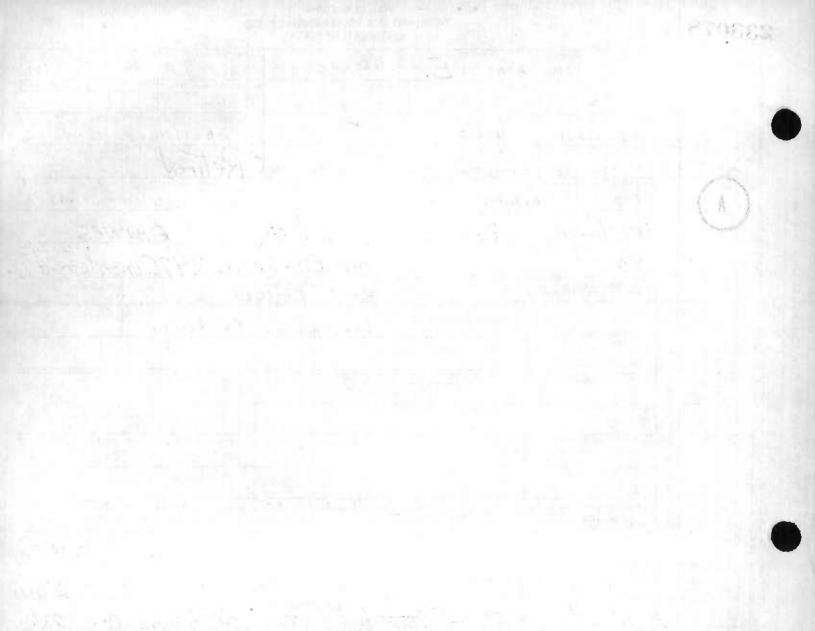
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世典臣を座う	F	MD COUNTRY		****			WIDOWI	ED NEV	DIVORCE		Pal+i	more	City			E 321
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N O O S O O O O O O O O O O O O O O O O		WAS DECEAS	ED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166 SOC	IAL SECURITY	NO.	17. INFORM	TAA			ADDRESS	5			
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E05549	23 o B	URIAL, CREM.	ATION, REMOVAL	23b. DATE	23c. N	NAME OF CEM	ETERY OF	RCREMATO	RY	23d. LOC	ATION		COU	INTY	51	TATE
07/84 BP		BURT	AL	08-27-85	CF	DAR_H	ILL	CEME	TERY	BA	LTIM	ORE.	MAI	RYLA		
25M DHMH - 17	24 F	UNERAL DIRE	CTOR	ADDRESS				2	So. DATE RE	EC'D. BY F	REGISTRAR		ISTRAR'S	SIGNATU	JRE	
(VR A15 ME (5))	BI		HOMPSON	FUNERAL		TF 10.1	7 7 7	DAT	AUG	29	1985	Julio	David	hon-7	Pandel	20
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233078	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL I	YGIEND 2 REG. N	10.	22	
noy be page 3 or death		CEASED NAME FIRST OR PRINT) VILL	LIAMS E	, IZARNES	20 DATE OF DEATH	B 19	85	7.10(
ge 4 mor	3 SE	MALE	BLACK	S. DATE OF BIRTH MONTH DAY YEAR 12 6 9 4	6 AGE (IN YEARS EAST BI	RTHDAY] IF UN MONTH	DER TYEAR	IF UNDER 24 HR HOURS MIN
nerol dir n 72 hou		RTHPLACE (STATE OR FOREIGN COUNTRY)	16. CITIZEN OF WHAT COUNT	TRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY	OR COUNTY OF	CL'7	· y ,
s offer d	10 C	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE S	URSING HOME OR OTHER INSTITUTION STREET ADDRESS)	TYPE OF WARK FOR MOST			F BUSINESS C
24 hour		AL RESIDENCE (IF NURSING HOME O	INTY 13c CITY OR	TOWN 13d INSIDE CITY LIMITS	13e.STREET ADDRESS 2647 EDML		Ave	2/22
ed Feithin	14 FA	THER'S NAME FIRST / 1977	MIDDLE BAKE	S MOTHER'S MAIDEN		BAR	VES	
ond car		VAS DECEASED EVER IN U.S. AF	IVE WAR OR DATES)	SECURITY NO. 17 INFORMANT	Barnes 2/4	17 Felm	~ds	212
physicion poppers. novol.		PART I. DEATH WAS CAUSI		RESP. PA	RY 1LYRE		APPROXIV BETWEEN O	MATE INTERVAL
ending p corbon n, or ren motic ev			DUE TO, OR AS A CONSE	SOUTH OF THE STATE		A.4.		
hat the dei by the att. ose remove 1, crematio		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	EQUENCE OF	9, 9, 00	9		
equires to signed the please to burion niury, or	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	JO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CO	ndition given ii	V PART IIc	
on. has been permit. ene prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WE	HICH OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES		
CIAN: TI 9 physics ertificate obstronsit atol Hygi em 18 sh	ICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	CAIN	DAY YEAR	CURRED (ENTER NATURE OF IN)	URY IN ITEM 18 PART I	ORPART 2)	
IG PHYS offending ter this of s the bur nond Me	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT MOME STREET FACTORY OF	FICE, FARM, ETC.) 21f LOCATION STREET	CITY OR T	OWN (OUNTY	STATE
RECTOR, Afrecally or vise or pt. of Health	1		pital) attended the deceased from 8-16-	0	ian death occurred on the c	date and hour and		hat (I) (we) l
the the pull		226. SIGNATURE	L de	DEGREE M.D ATTENDING PHYSICIAN	G MEDICAL STA	AFF	22c. DATE S	SIGNED 6185
TO HOSPITAL efformed by 11 should be det with the State		220 PHYSICIAN'S NAME (TYPE)	MEOHDLA	220 ADDRESS		-3 G/E	n Bu	smp.
BP OF STATE	23a.	BURIAL, CREMATION, REMOVAL	L 23h-DATE 8-22-85	234 NAME OF CEMETERY DOER TOWNSON		mne	7	mil
DHMH - 16 50M 4/B3 (VRA 15, 4)	24 F	INERAL DIRECTOR	1155 2222 199	ESS North Ang. A	DATE REC'D. BY REGISTRAL	25b. REGISTRAR		JRE and a RP -



STATE OF MARYLAND

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A RESERVE ASSESSMENT

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

2	3	6-	3
REG. NO.			14

REGISTRAR							RE	G. NO.		
DECEASED NAME	FIRST		MIDDLE		AST	20	DATE OF DEA	тн момтн	DAY YEAR	26 HOUR
TIPE OR PRINTS	RUFUS	Α.	BARRIE	FE			AUGUST :	23, 19	85	12:41 %
EX		RACE	400	5. DATE C		6	AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER I YEA	
Male	2	Blac		Ja	n. 3 190		84	YR	MONTHS DATS	HOURS MIN.
BIRTHPLACE (S	TATE OR FOREIGN	b. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9	BALTIMORE C	TY OR COU	NTY OF DEATH	
	Statain	U. S.	Α.	WIDOWE		1 .	BALTIMO:	RE CIT	Y	MD
CITY OR TOWN			HOSPITAL, NURSIN		OR OTHER INSTITUTION		TYPE OF WORK FOR A			OF BUSINESS OR
BALTIMOR		THE JOH	NS HOPKIN	IS HOS	PITAL	1	TIPE OF WORK FOR A	NOST OF WORKIN	NG CIFE) INDUSTR	
SUAL RESIDENCE	(IF NURSING HOME OR		SIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS YES NO 😡		STREET ADDR	ess/zipc	ODE VIlle R	4. 2/085
FATHER'S NAME	un Ic	NIDDLE	LAST		15 MOTHER'S MAIDEN		NK,	DIE	L	AST
60, WAS DECEASE			166 SOCIAL SECU	RITY NO.	17 INFORMANT	5	А	DDRESS		
(YES NO OR UNKNO	(IF YES, GIVE	WAR OR DATES)	218-14-8	203	Carrie H	fuel:	50n 5	65 h	aurens	St.
18 CAUSE O	DEATH Enter only	y ane cause per	line for (a), (b), an	d (c). (APPRO BETWEEN	NAMATE INTERVAL
PART I. DE	ATH WAS CAUSED	BY: CAUSE (a)	CARD	IAT	ARREST					Zonin
	WWW.EDIATE			NICE OF		11				
Conditions	if any, which	(R AS A CONSEQUE	NCEOF	well the	11				
gave rise	to immediate	(b)_	710711	-	No agent Car	7				
cause (a), underlying	stating the cause last.	DUE TO, O	R AS A CONSEQUE	ENCE OF	/					
		(c)								
190 DATE OF	leural.	ellus	ONTRIBUTING TO	ith a	NOT RELATED TO THE T	PAK.	AL DISEASE OR	CONDITION	GIVEN IN PART	lto
4 190 DATE OF	OPERATION	1% COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY		YES, WERE FIND	
Ĕ							YES T NO		RTIFYING CAUSE	NO I
210 ACCIDENT	WAS UNDERLYING	216. TIME O			21c. HOW INJURY OCC	CURRED		77		
OR CONTRAINUE	NG CAUSE OF DEAT		M. MONTH D							
(IF EITHER NO 21d. INJURY C	CCLIPPED	P. 21e PLACE		19	711 LOCATION		100			
	NOT WHILE		REET, FACTORY, OFFICE F	ARM ETC)	STREET		CITY	ORTOWN	COUNTY	STATE
AT WORK	AT WORK					-	67 /	133	- 125	
sow the	that (1) (this hospite deceased alive an _ I (we) (did) (did not	8/2	3 19	85.01	nd that in (my) (aur) apin	nion dea	tosth accurred on	the date and	hour and from th	, that (I) (we) lost e causes stated
226 SIGNATU			O a		DEGREE				77c. DAT	E SIGNED
1	. 11	17	Bois	M	ATTENDING PHYSICIAN		MEDICAL DIRECTOR P	STAFF	1 81	23/45
22d PHYSICIA	N'S NAME (TYPE OR	PRINTI			77e ADDRESS		VINCTOR [] PI	HOICIAIN E	10/	- 2/ 2)
R	N Du	Boi	5		CID BA					
230. BURIAL, CREMA	ATION, REMOVAL	23b. DATE	73c.1	NAME OF C	EMETERY OR CREMATO	RY	23d. LOCATION			A A STATE

DHMH - 16 60M 7/B4

BP.

TO FUNERAL DIRECTOR. retained by the hospital

should be detached for with the State Dept. of IMPORTANT:

BUT 19
24 FUNERAL DIRECTOR

Jas. A. 1 (VRA 15, 4)

· MORTON + Son's 1701 Laurens

Md.

250 DATE REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE AUG 2 6 1985

Management - della a 200

	Poge	direct
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 havrs after death. Page retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral direct should be detached for use as the buriol-transit permit. Then please remove carbon papers. Page 21 and 2 should be fired within 72 hours of with the State Dept. of Health and Martal Hygierne prior to buriol, creation, or removal or permit is a facility of the MARMAT. If Hem 21 is marked or Hem 18 shows any niture, or other transmice event the medical exhibitor fairly be provided.
_	after	od with
2120	hours	be a
LAND	24 nin	ly fille should
MARY	hw ba	aplete
ORE,	xecut	9 es di
ALTIM	te be	pers. Po
ST., B	ertifica	g phys on pop remove
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	eath c	re carb an, ar
/ PRE	the de	remov
201 W	es that	please priol, c
ORDS,	requir	Then Then Trabi
RECC	e law	permit ne prik
VITA	hysicio	ransit Hygie
NO NO	YSICIA	s certification
IVISIO	offence	fter the os the I h and
_	ENDIP tal or	OR Af
	TO HOSPITAL OR ATTENDING PHYSICIAN. The largened by the hospital or attending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove carbon paper, with the State Dept. of Health and Mental Hyginen prior to burial, cremation, or removal. MAPORTANT, if her 21 is marked or frem 18 shows on vitury, or other traumatic event in
	by the	ERAL E e detoc
	HOSP	FUNI buld but the
	5 et	Dr. 3 X

		ITEM NUMBER 7		F MARYLAND	o 1	0 4
2019	1-	FOR STATE REGISTRAR 8-22-85	11.00	LTH AND MENTAL HYGIENE. ATE OF DEATH	S Z I	4 6
4 control	(TYPE	EASED NAME FIRST Albert	MIDDLE LAST BOAN	flett	DATE OF DEATH MONTH	15 85 100 ,
ors after	3. SE	Male	White S. DATE OF BI	DAY 1895	GE (IN YEARS LAST BIRTHDAY) YR	
0 72 l		CISWEST. VA.	CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWED	NEVER MARRIED U	ALTIMORE CITY OR COUNTY	more City ME
第 34		Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET DODRESS)	111 O I ITYPE	RETIFED US	G LIFE) 126 KIND OF BUSINESS OR INDUSTRY ALL FORCE (CONTROL)
- Fille	-	L RESIDENCE (IF NURSING HOME OR OT TATE 13b. COUNTY	Batto Y		TREET ADDRESS ZIP CO	Rd 21212
omplet ond 2			Bartlett	Mathilda INFORMANT	ADDRESS	Kuckenbecker
rs. Pages	{	ES NO OR UNKNOWN) (IF YES GIVE V	var OR DATES) 2 18 38 6885 A	lbert L. Bartl	ett 11 213	Goodale Rd.21212
gned by the attending phy in please remove carbon pi burial, cremation, ar remo iy, ar other traumotic even		PART I. DEATH WAS CAUSED IMMEDIATE I	CAUSE (a) CALCIO DU MONO DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) NOITIONS CONTRIBUTING TO DEATH BUT NO		disease or condition	GIVEN IN PART 110
has been sin	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 20	IN CEI	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
bus certificate buriol-transit Amental Hygis or Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 19	It. HOW INJURY OCCURRED (I		
for use as the of Health an of Health an 21 is marked	2	WHILE NOT WHILE 220.1 certify that (1) (this hospital sow the deceased alive an above ** (we) (did) (did not) ottended the deceased from	hat in (my) (aur) opinion death	. 8/15	, 19 55 , that (we) last
tekal Director of detached State Dept. ANT: If them		226 SIGNALL RE	Sold MD	ATTENDING ME	DICAL STAFF ECTOR PHYSICIAN	22c. DATE SIGNED
should be de with the Stat	$I^{(i)}$	Stan 6	loth	3100 W,	rman Pa	MK Drived
OE 5 5	13a B	JRIAL, CREMATION, REMOVAL	236 DATE 23c NAME OF CEME	ETERY OR CREMATORY 23	LOCATION	
	-{			nt Crematory	D. BY REGISTRAR 25 REG	COUNTY Md STATE

the table Probably administration in the second Contract Contract of the Contr . . and the same of the second of X

According to the control of the cont

(VRA 15, 4)

STATE OF MARYLAND

Policing State Control of the Contro Other than the state of the sta vencealane tame tam 958 to each time that SESS--1-15

E CALL COMPANION SERVICE PROPERTY OF SERVICE S

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL NEGIENE

2	1	9	2	6
dia		Y"	Em.	V

	REGISTRA	R			CERTIF	ICATE OF	DEATH	REG.	NO.		1
1	DECEASED NA	ME FIRST		MIDDLE		LAST	3000	20 DATE OF DEATH		DAY YEAR	2b. HOUR
	TYPE OR PRINT)	Earl		E.	Ba	auer			8	27 85	1:3/AM
3	SEX		4. RACE		S. DATE O	OF BIRTH		6 AGE IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	
	Male		White		6 6	B DAY	1906	79	YRS	MONTHS DAYS	HOURS MIN.
70	BIRTHPLACE	(STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	S NEVER	MARRIED -	9 BALTIMORE CITY			
41	Maryland	a	U.S.A.		WIDOWI		ONORCED	Baltimo	re Cit	y	MD.
	CITY OR TOW		11. NAME OF	HOSPITAL, NURSIN	G HOME		STITUTION	12a. USUAL OCCUPA	ATION	126 KIND C	OF BUSINESS OR
	Baltimo	re /		Scott Ke		dical (Center	Self Empl			
2	SUAL RESIDENCE	E HE NURSING HOME O	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		CITY LIMITS?	13e STREET ADDRES	S / 7IP CO	V.V.E	
100	Maryland		timore	Edgemere		YES [NO 🔀	2801 Bau			21219
13	FATHER'S NA	ΛE	MIDDLE	LAST		15 MOTHER	S MAIDEN NA	ME MIDDLE		LA	
4	Edward	J	ohn	Bauer		(Catherin				yer
16		SED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17 INFORM	ANT	ADE	RESS		
4	NO (YES, NO OR UNK	NOWN) (IF YES, G	IVE WAR OR DATES)	218-30-5	969	Mild	red L. B	Bauer	Sa	me as 1	3e
F	18 CAUSE	OF DEATH (Enter o	inly one cause per	line foo (a), (b), and	dic	,				APPRO) BETWEEN	XIMATE INTERVAL
	PART I.	DEATH WAS CAUS	EĎ BY ATE CAUSE (o)	Cardy		rest					mules
		111111111111111111111111111111111111111		R AS ACONSEOUE	NCE OF	TE TEN	4				
	Candition	s, if any, which	10,0	ASCU	1	- 0	A.A			Yn	6
	gave rise	ta immediate	(6)		1		7				
		couse last		R AS A CONSEQUE	NCE OF						
	PART 2 OI	HED SIGNIEIC ANT	CONDITIONS CO	ONTRIBUTING TO F	DEATH BUT	NOT DELATE	D TO THE TERM	INAL DISEASE OR CO	NIDITION C	INENI INI DADI I	
	Z Z	TIER SIGIVIII ICAIVI	CONDITIONS C	SINIKIDOTING TO L	DEATH BOT	NOT KELATE	D TO THE TERM	IIVAL DISEASE OR CC	MUITON	SIACIA IIA LWKI 11	0
7	19a DATE C	F OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTOPSY?	20b. IF Y	YES, WERE FINDI	NGS USED
	19a DATE C							YES TO NOT	IN CERT	TIFYING CAUSES	S OF DEATH?
7	2 a. ACCIDE	NT WAS UNDERLYING	21b. TIME C	OF INJURY		21c. HOW	NJURY OCCURE	RED (ENTER NATURE OF IT			140
	00 000 120 10	ITING CAUSE OF DE	MIN	M. MONTH DA		1					
	~	OCCURRED	21e PLACE	M. OF INTERY	19	21f LOCAT	ION				
	AA IS II C	NOT WHILE		REET, FACTORY, OFFICE, F.	ARM ETC)	STRE		CITY OR	TOWN	COUNTY	STATE
	A1 WORK	AT WORK					+3		-	21	
Н		y that (I) (this bosy ne deceased alive a	1	deceased fram	7	ad that in (m)	19 opinion	death accurred an the	data and b	19	that (I) (we) last
	abav.)) (would d) (did n	at) view the bady	after death.			// (Gor) aptinally	dediii decorred dii ine	date and the		
	"X	An	7 ,0	X		DEGREE	ATTENDING .	MEDICAL S'	TAFF	270 DATE	ESIGNED
-	224 BHYSI	TAN'S NAME LITTE	20 00 00 00	son	/\	22e ADDRE	PHYSICIAN	DIRECTOR PHY	SICIAN [0/2	Gran
	7 10	INITIAL TIME	7 1	580			- "	x .1	0-	A -	100 2/2
4	100	17	\cup			101		5 27	1, ,	(3)	110
2.	30 BURIAL, CREA (SPECIFY)	MATION, REMOVA	L 23b. DATE	23€ ト	AME OF C	EMETERY OF	CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
-	Burial		8/30/1	985	Dak L	awn Cer	netery	Baltim	ore	M	aryland
2	1 FUNERAL DIR	ECTOR Duda-	Ruck, Ir	C. ADDRESS			750 DAT	E REC'D. BY REGISTRA	AKI 256. REGI	STRAR'S SIGNA	andelle

DHMH - 16 60M 7/B4

(VRA 15, 4)

MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar ath

Duda-Ruck, Inc. 7922 Wise Avenue

Dundalk, Maryland

AUG 2 9 1985 fine Dandon Maries

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1100-1								KLO, INO.				
		CEASED NAME FIRST	MIDDLE		l.	AST	2	a DATE OF DEATH MO	нти	DAY YEAR	2b. +	HOUR
1	Mark	KAROL	L	/NN	В	AUGHER		AUG. 28, 198	5			9:10AM
	1.56X		4 RACE		5 DATE C	F BIRTH	6	AGE LIN YEARS LAST BIRTHD		IF UNDER I YE	_	NDER 24 HRS
. 64	1905240	Female	White		MONTH	DAY	EAR /	26		MONTHS DAT	5 HQU	RS MIN.
N.	1				V	V	1/		YRS			
L	74 BH	THPLACE. (STATE OF FOREIGN		WHAT COUNTRY?	MARRIE	NEVER MARR	IED 7	BALTIMORE CITY OR	OUNT	Y OF DEATH		
1	Mai	ry land	USA		WIDOWE	D DIVORC	ED 🔲	BALTIMOR	E CI	YTI		MD.
2	11,701	TY OR TOWN OF DEATH	11. NAME OF	OSPITAL, NURSIN	IG HOME C	R OTHER INSTITUT	ION 1	20 USUAL OCCUPATION				SINESS OR
	2 1	BALTIMORE	JOHNS	HOPKINS	HOSPI	TAL	F	TYPE OF WORK FOR MOST OF W	JKK ING L	Agri	cul	ture
V	USU.	AL RESIDENCE (IF NUMBER OF THE DE	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)						-	0.0
1	Wes	st Virginia ett	erson	Shepherd	Stown	138. INSIDE CITY LI	MITS?	Rt.1 Box219	P COD	E 112 -	79	9401
~	-		0.00.	on opiner a	5 0000	YES NO				(44)		
\mathcal{E}_{j}		THER'S NAME	MIDDLE	LAST		FIRST		WIDDLE			LAST	
1		Preston Ca	rson	Shellenbe		Barbara			lems	burg		
1		/AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRESS				
5		no	The Or Dates	219-68-1	065	Daniel L	. Baug	her (item 1	ab	ove)		
-		IN CAUSE OF DEATH (Enter of	alv one cause per	line for (a). (b) and	dice					APPR	OXIMATE	INTERVAL AND DEATH
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE		Cardin	bul	human	- nu	roet		CA	CA	rels
16.4	-	IMMEDIA	TE CAUSE (a)	C101 0010	1	The state of the s	- CCV					
114			DUE TO, OI	R AS A CONSEQUE	NCE OF	4				12	de	
		Conditions, if any, which gave rise to immediate	(d)	pneun	nom.							<u> </u>
		cause (a), stating the	DUE TO, OF	AS A CONSEQUE	NCE OF		1	0.0		1		M
		underlying couse last	(c)	Metasts	utic (Pulmon	3)(erical Con	ON	91	un	TUT
	- 1	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO T	HE TERMIN	IAL DISEASE OR CONDIT	ON GI	VEN IN PART	1(a)	
	TION	Deep 1/2	in This	Eurogm								
1	CAT	196 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORME	D	200 AUTOPSY? 2	b. IF YE	S, WERE FIN	DINGS	JSED
1	CERTIFICA	8 115 185	LX	the take	le 1	Elvie P	ass	YES NOTY	1 CEKI	IFYING CAUS		DEATH?
7	ER	210. ACCIDENT WAS UNDERLYING	216. TIME O	FINJURY		21c. HOW INJURY	OCCURRE		ITEM 18	PART I OR PART		
1	77	OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DA								
	Ü	(IF EITHER NOTIFY MEDICAL EXAMINE)	21e PLACE		19	211 LOCATION						
37	WE			EET, FACTORY OFFICE, F	ARM ETC }	STREET		CITY OR TOWN		COUNTY		STATE
		NOT WHILE AT WORK			-		4.1	7/10		ur		
		220.1 certify that (I) (this hospi	ital) ottended the	e decopised from _	8/2	19	4)	. 10 0 /28		. 19	that	(I) (we) lost
		saw the deceased alive an abave, (1) (we) (did) (did no	at) view the kady	atter death	, ar	nd that in (my) (aur)	apınian de	ath accurred an the date	and ha	ur and Iram t	he cause	es stated
		226. SIGNATURE	7 ,	//		DEGREE				22c DA	TE SIGN	IED .
	1	0	, my	aschi	N	ATTEN	DING	MEDICAL STAFF	1	8	12	8/85
,		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)			22e ADDRESS	ICIAIN []	DIRECTOR [] THISICIAL	7		1	
/		DAMON	TH	ASAK	I	600 N.	Wall	St Ba	141	mark	10	71205
	230 0	URIAL, CREMATION, REMOVAL	23b. DATE	122. 6	JAME OF C	EMETERY OR CREM	ALORY	23d LOCATION			4	2/203
		SPECIFY)						CITY OR TOWN		COUNTY		STATE
3	24.5:	Burial	Aug. 31	, 1305 Mt	.wesie	y U.M.Ch		Shepherdsto			son	WV
4		INERAL DIRECTOR	11:11:	ADDRESS	0.170	\r	CED	REC'D. BY REGISTRAR 256	MAGIS	ALM CAST	WALK.	مالاله
	Ma	jor M. Osborne	WIIIIa	msport, MI	0 21/5	15	JJC,	6 1985				6

DHMH - 16 60M 7/B4 (VRA 15, 4)

AND THE RESERVE OF THE PARTY OF Day Low To when I Elect International Persons X

FOR - STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

COUNTRY

14 FATHER'S NAME

Da

3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Yelt more

	REG. N	10.			4	
	2a. DATE OF DEATH	MONTH -	-/ S'-	YEAR . S	26 HOU	JR 35
0	6. AGE (IN YEARS LAST B	RTHDAY	IF UND	ERIYEAR	IF UNDER	24 HR
5	8	YRS	MONTHS	DAYS	HOURS	MIN
	9 BALTIMORE CITY	OR COUN	TY OF D	EATH		

70 BIRTHPLACE I STATE OR FOREIGN

Itimore

76 CITIZEN OF WHAT COUNTRY? US

4 RACE

MARRIED NEWER MARRIED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

13d INSIDE CITY LIMITS?

15 MOTHER'S MA

13e.STREET ADDRESS / ZIP CODE

MIDDLE **ADDRESS**

12b. KIND OF BUSINESS OR INDUSTE

SUAL RESIDENCE (IF NURSING HOME OR OT IJA COUNTY La. STATE

10 CITY OR TOWN OF DEATH

166 SOCIAL SECURITY NO. 17 JUFORMANT

YES P

5. DATE OF BIRTH MONTH

WIDOWED

206 IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

BETWEEN ONSET AND DEATH

(IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN)

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY.

NOT WHILE

Conditions, if ony, which

gove rise to immediate couse (o), stoting the

underlying couse lost

FIRST

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) IMMEDIATE CAUSE (0)

manar

SEOSI

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

MEDICAL

21h TIME OF INJURY

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

200 AUTOPSY?

NOV

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET FACTORY, OFFICE FARM ETC)

73h DATE

211 LOCATION STREET

CITY OR TOWN

COUNTY STATE

that (I) (we) lost

NO T

22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on_ obove, (1) (we) (did) (did not) view the body after death.

DEGREE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

(eg a 230 BURIAL, CREMATION, REMOVAL

27d PHYSICIAN'S NAME LITYPE

226 SIGNATURE

FUNERAL DIRECTOR

CREMATORY

22e ADDRESS

DIVISION OF VITAL RECORDS.

ä

6

50

PORTAN

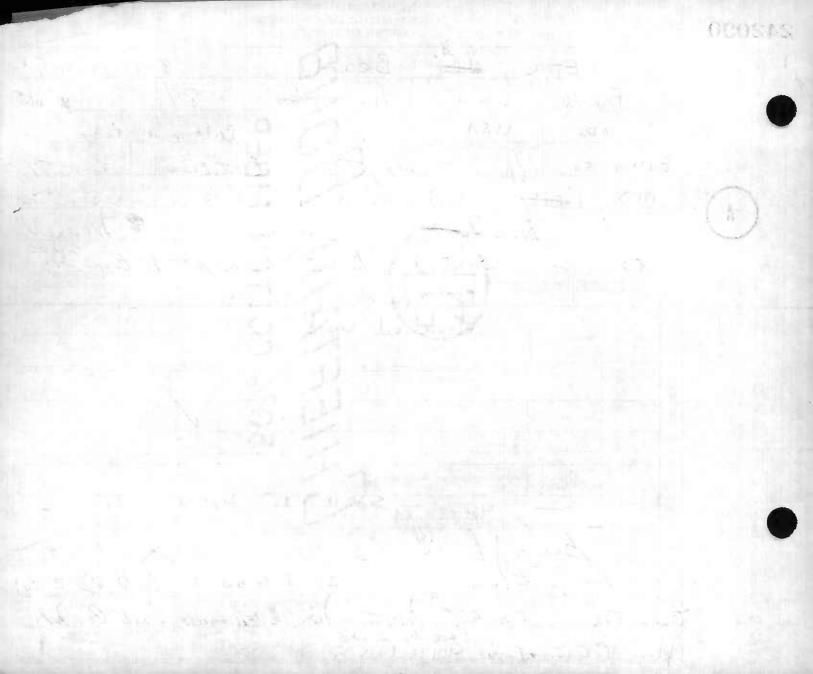
DHMH - 16 60M 7/84 (VRA 15. 4)

DIRECT

FUNERAL

the the

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



- STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

REGISTRAR DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH

LAST

MIDDLE

U	TENE C	La	1	2	Con	4	
		REG. No	0.			*	
П	20 DATE OF	EATH	MONTH	DAY	YEAR	2b. HO	UR
			80	11	85	3	:38P
_	6 AGE IN YEA	RS LAST BIR	THDAY	IF U!	NDER I YEA	R IF UNDE	R 24 HRS
3	67		YRS	MONI	HS DAYS	HOURS	MIN.
	9 BALTIMOR	_		TY OF CI			MD.
,	120 USUAL OF WORK F				2b. KIND NDUSTR	OF BUSIN	VESS OR
	13e STREET AL	DDRESS /	ZIP CO	DE		A 33	

1 410 Manle Tane 15 MOTHER'S MAIDEN NAME

MIDDLE Martie Ross 17 INFORMANT ADDRESS

200 AUTOPSY?

YEAR

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 211 LOCATION CITY OF TOWN COUNTY STATE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated TN. DATE SIGNED

22€ ADDRES

230 BURIAL, CREMATION, REMOVAL Arbutus Mem. Park

24 FUNERAL DIRECTOR

Marshall W.Jones, Jr. 4101 Edmondson Ave.

20b. IF YES, WERE FINDINGS USED

Bridge of the Annual Company of the state of the Company of t

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ending physicion.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

2 1 9 3 0

1 -	STATE REGISTRAR	VII ANTI	CERTIFI	CATE OF DEATH	REG. NO).		
	CEASED NAME FIRST	MIDDLE	LA	vs†	20. DATE OF DEATH	MONTH O	AY YEAR	2b HOUR
TAPE	Mark Wayne I	Beasley Jr.				8 1	8 85	8:00 P.M
3 SE		4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	white	MONTH	DAY YEAR SE	-0-	YRS	ONTHS DATS	HOURS MIN.
7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	BALTIMORE CITY O	-		
	U.S.	U.S.	WIDOWEL	D THE TEN MARKED	Baltim	ore C	ity	MD.
10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN			120 USUAL OCCUPATION			OF BUSINESS OR
1	BAIT.	Storm Agnes Ho	spita	al	(TYPE OF WORK FOR MOST OF	- WORKING LIFE	INDUSTRY	
130.5	AL RESIDENCE HE NURSING HOLLES	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	7IP CODE	31 7.5	-
		HINGTON HAGBRISTO		YES NO	1331 JA	4 6	n. 2	21740
14 FA	ATHER'S NAME	MIDDIE LAST		15 MOTHER'S MAIDEN NA	WE		LAS	51
	Mark Wayne			Carol		are		
	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
1	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	_	mother				
	18 CAUSE OF DEATH (Enter of	nly ane cause per line for (a), (b), and	dic				APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
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	DAME DIS	DUE TO, OR AS A CONSEQUE	NICEOE	7 , 00	J			
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	gove rise to immediate couse (a), stating the	DUE TO OD AS A SOLISFOUR	NGE OF					4-1-1-4-4
	underlying couse lost	DUE TO, OR AS A CONSEQUE	NCE OF				3	
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	EN IN PART 1:	0
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Ĕ					YES T NOT	YES	YING CAUSES	NO
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	OR CONTRIBUTING CAUSE OF DE		Y YEAR					
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION			COUNTY	STATE
¥	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE, F	ARM. ETC.)	STREET	CITY OR TO	WN	COUNTY	SIATE
		ital) attended the deceased from_	8/18	45 19 8 5	-, to \$118	1	1964-	that (I) (we) last
	sow the deceased alive or		(5- , on	d that in (my) (our) apinion	death accurred on the do	te and hour	and from the	couses stated
	22b. SIGNATURE	or view the body offer deoth.	C	DEGREE			22c. DATE	SIGNED ,
	Dringet	to M. Lehrin	L	ATTENDING PHYSICIAN	MEDICAL STAF		8	120/85
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	JIMECTOR TIMBLE	1211		1	
	Brissette	M. Lebron		900 Caton	Ave St.	Agnes	s Hos	pital
23a E	BURIAL, CREMATION, REMOVAL		AME OF CE	EMETERY OR CREMATORY	23d LOCATION	0	,,,,,,	
	SPECIFY) & POPE	8/20/85	שונושם	U Carnestelica	WILLIAMS	awa 1	COUNTY	Mistage
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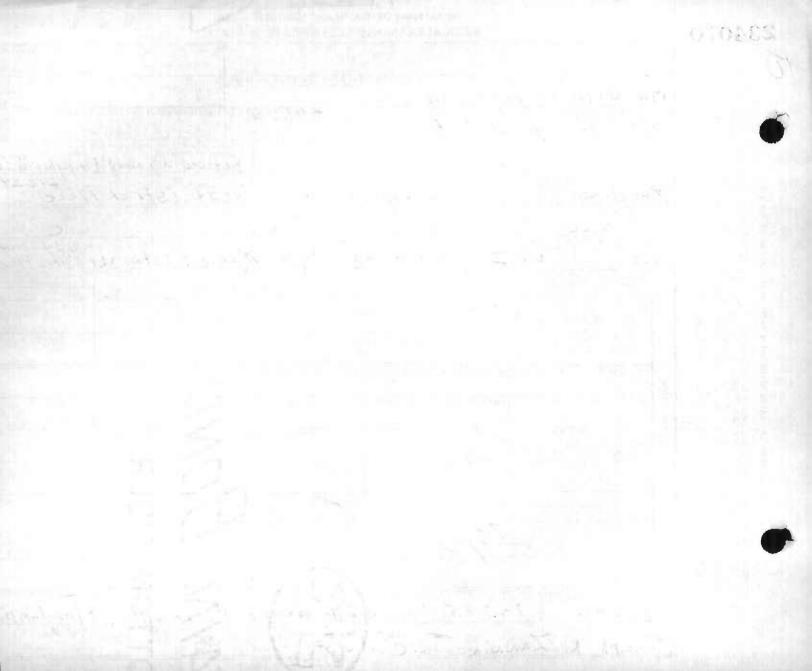
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR should be detected for us with the State Dept. of He or the state of th

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1		ECEASED NAME FIRST YPE OR PRINT)		MIDDLE		AST	20 DATE KNOWN X	MONTH DAY YEAR 26 HOUR
人 人) 為是和長世		Louis	S		Bel		DEATH MATED	0/ 13/11/03
PEES PEES O	3. SI	4. RACE	5. DATE OF BIRTH	YEAR LAST BIRTHO	ARS IF UN	DER 1 YR. IF UNDER 24 HRS	20. DATE PRONOUNCED	MONTH DAY YEAR 26 HOUR 2:21
N220	Y	TALL Write	MAY 16,	11/6 6/11	(5.		DEAD	8/ 19/19 85 A M
ECESSA MERCA POR V WITHIN		BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF W	HAT COUNTRY?		ED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH
AND SERVICE SE	10 4	CITY OR TOWN OF DEATH	II NAME OF HOS	SPITAL NURSING HOME	OR OTHE		Baltimore SUAL OCCUPATION (TYPE	
F ANY DELAY IS N AND 3 TO THE FU RECORDS, 201		Baltimore		CILITY, GIVE STREET ADDRESS)			etired U.S.A	JAW MORRIANDDOCK
ND 3 T	USU 130	JAL RESIDENCE (IF IN NURSING HOME (STATE 13b. COUN	OR OTHER INSTITUTION, G	13c. CITY OR TOWN	ON)	13d. INSIDE CITY LIMITS? 13e ST	REET ADDRESS	han P/21224
32, A A S S S S S S S S S S S S S S S S S	1/	FATHER'S NAME		113x1+1m	Re	YES M NO 3	624.EST1	TER TIALE
E, MD.	20	FIRST	MIDDLE	LAST		FIRST	MIDDLE	LAST
MOR NAGE		WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECURIT	1 NO. A	17. INFORMANT	ADDRESS	2/14 2/24
RS AFTER DEATH, IF ANY SITURE PAGES 1, 2, AND: WITH FORM SM. S. FETA PAGES 1, 2, AND: F. PAGES 1, AND SM. S. SHOULD DIVISION OF WITAL RECO			WAR OR DATES)	140-10-2	423	MRS. MA	Rie Skota	PRSKI ESTHER Place
		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE					3.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON TEN		IMMEDIA		AS A CONSEQUENCE		ypertensive C	ardiovascula	r Disease
HIN HIN AND AND AND AND AND AND AND AND AND AN		Canditions, if any, which		AS A CONSEQUENCE V				
W. W. P. WIT ANNUAL TRA		gave rise to immediate cause (a) stating the <u>under</u>		AS A CONSEQUENCE	OF.			
EXA SIAL ON,		lying cause last.	(c)					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD." PENDING" IN PENCIL IN ITEM 18, ROBE TO THE CHEFF MEDICAL EXAMINER ALONG W SE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. EDEPARRAMENT OF HEALTH AND MENTAL HYGIENE. TO PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL OISEASE	OR CONDITION GIVEN IN PART 1 (g)		
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DIVISION OF VITA THIS CERTIFICATE SHC , WRITING THE WORE WARDED TO THE CH WARDED STATIC DEPARTMENT OF 21201 PRIOR TO BURI	2	WHILE NOT WHILE AT WORK		TONT, FARM, ETC.)			CITTORIOWN	COUNTY STATE
NNER: 1 FICATE FICATE FICATE THESI		220. I certify that I took charg	ge of the remains de	scribed above, held an	Autaps	y . Inspection X.	Inquiry . and	d in my apinian
WIND THE STATE OF		death resulted fram: Natu	ral causes X	Accident . Su	icide		etermined manner	
EXAM ECERTIF COULD BE TO WITH MARYL		ACTUAL	Aty	1		Assistant		DATE 8/19/85
SHOW SHOW	7	SIGNATURE	V/		M.	D. TIBBIBCATTO ME	DICAL EXAMINER	SIGNED 0/15/05
TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYL	4	(TYPE OR PRINT) Greg	ory R. Ka	uffman, M.D	•/	12 11 10 1	Penn St.	
	23a.	BURIAL, CREMATION, REMOVAL	35. DATE 8-13-6	23c. NAME OF CEA	AETERY OF	CI CI	OCATION	COUNTY
BP	24	FUNERAL DIRECTOR	0 00 0	ROW	13111	C Veterns	BY REGISTRAR 23h REGIS	STRAR'S SIGNATURE
DHMH - 17 (VR A15 ME (5))	-	Pase DI KIZ	ADDRESS	JR. CON	Klink	ST. AUG 20	1985 John De	migon-Manne
20M 4/82	Bu	and the last	W. COLO	CBD	7	21271	//	



FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3

23c NAME OF CEMETERY OF CREMATORY

A	- 3	73	01.5	3"
2	1	1	3	c.

26 HOUR 1:35 P

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

IF UNDER 24 HRS

DECEASED NAME I Sabella Bell 1. SEX	-
76 BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? AMARKIED NEVER MARRIED NEV	1:35
MARRIED NEVER MARRIED MIDOMED DIMORCED	IF UNDER 24 H
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136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 130 STREET ADDRESS, ZIP GOOD 150 STREET ADDRESS,	F BUSINESS
BODIE BODIE LAST HAVELY SMILE PHOTO- LAST HAVE HAVE HAVE HAVE HAVE HAVE HAVE HAVE	af
E CONTRACTOR DE	1
CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)	ST
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10) Ovarian carcinoma with metastasis	MATE INTERVAL ONSET AND DEA
DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF	2 1
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:	
196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO X YES NO X YES NO X	
210 ACCIDENT WAS UNDERLYING 210 TIME OF INJURY 210 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 16 PART 1 OR PART 2)	
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20 1 country that (I) Also hospital pattended the decreased from 19 to 12 10 10 10 10 10 10 10 10 10 10 10 10 10	that (I (we))
ATTENDING MEDICAL STAFF ST	6/8
W. Impagliatelli, M.D. 100 N. Broadway, Balto., MD 21231	

DHMH - 16 60M 7/84

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

23d LOCATION

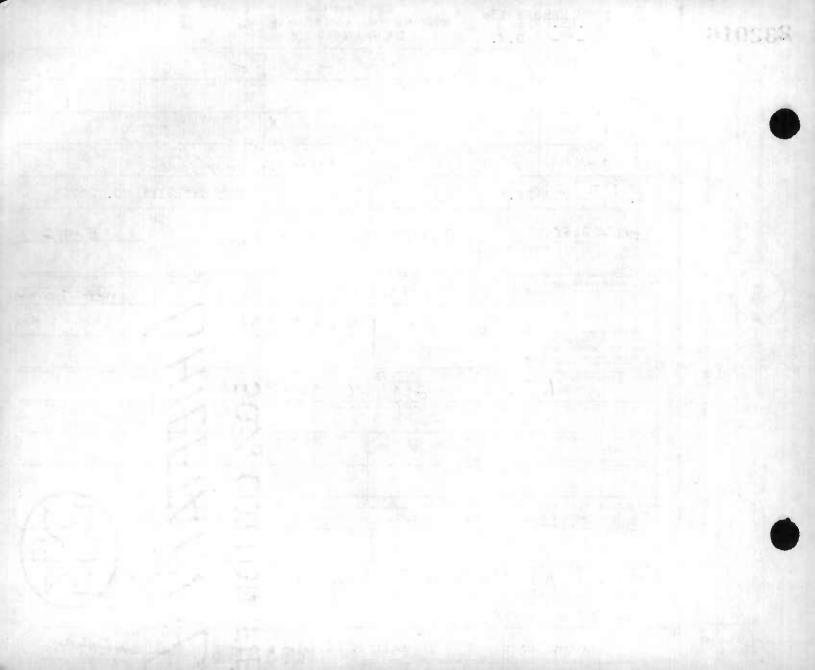
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4 moy	3. SE		4 RACE		5. DATE O	DAY	YEAR	6 AGE (IN YEARS LAS	L M	FUNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
irecto oge		emale	CAUCA		10	14	00	9 BALTIMORE CIT	i ito.	DEDEATH	
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filled in bould be fi	130. 5		OR OTHER INSTITUTION		ORE ADMISSION) WN	13d. INSIDE C	NO 🗌	13e.STREET ADDRES	SS / ZIP CODE		F1. #2121
ond 2 st		THER'S NAME ISAAC	MIDDLE	COHEN		D	S MAIDEN NAM	MIDDL		HARRIS	Л
rand co	16a V	VAS DECEASED EVER IN U.S. VES. NO OFFICE DWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	2/6 - 0			SUDBROC	VARD COHER OK RD.	BALTO.		21208
ow requires that the dear is been signed by the atter rmit. Then please remove, prior to burial, cremation ony injury, or ather troum	IFICATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION	(c) NT CONDITIONS <u>C</u>	R AS A CONSEQ Lysh ONTRIBUTING TO	DEATH BUT		TO THE TERM		20b. IF YES,	WERE FINDING CAUSES	NGS USED
physician. rtificate hosel-transit per ittol Hygiene im 18 shaws	CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	DF INJURY M. MONTH	DAY YEAR	21c. HOW IN	NJURY OCCURE	YES NO	YES	<u> </u>	№ □
se the burie to and Mer	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFIC		211 LOCATION STREET	ON 1	CUAC	or town	COUNTY	STATE
CTOR. At 1 for use at Health		22a.l certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did)	on 8/.	19	85 , or) (our) opinion	, to	e date and hour	and from the	
y the ho RAL DIRE detoched lote Dept		276. SIGNATURE	litters :	HW		LU,	PHYSICIAN [MEDICAL DIRECTOR PH	STAFF YSICIAN []	22c. DATE	12/8
to Funer by with the Str.		Jennih	r L. Putt				NA H		banin	LOVE, M	0.
BP	23a	BURIAL, CREMATION, REMOV (SPECIFY) BURIAL	AUG. 4		CNAME OF C		CREMATORY		MORE		RYLAND
MH - 16 50M 4/83 (VRA 15, 4)	24 F	NAME SOL	LEVINSON				25a D 🗡	UG 7 REGISTI	RAR 256. REGISTE	Levidson	-Randon

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moy be r. poge 3 fter death		CEASED NAME FIRST	MIDDLE	136	MBE	20. DATE OF DEATH	8.41	85 3	·27 P M
ector. po	3. SE:	×	4. RACE	S. DATE O	F BIRTH DAY YEAR 4 5	6. AGE (IN YEARS LAST)	YRS.		URS MINI
nerol dir	7a. BI	RTHPLACE (STATE OR FOREIGN COUNTRY)	M. S. A.	Y? 8. MARRIED WIDOWE	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF	DEATH	MD.
1138	B	ALT MERG	11. NAME OF HOSPITAL, NUR!	ING HOME O	MARY (AND	12a USUAL OCCUPA		26. KIND OF BU NDUSTRY	SINESSOR
7	USU. 13a. S		OTHER INSTITUTION, GIVE RESIDENCE BEF 13c. CITY OR TO	mile 1-101-1100-101-1	13d INSIDE CITY LIMITS? YES NO	922 DAI	EE VIGO E R	D. 207	55
1000	1	ALLES ALBERT	130.	n136	15 MOTHER'S MAIDEN N FIRST ROBIN	MIDDLE		BEM	BE
1		VÁS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	CURITY NO.	17 INFORMANT	ADD	RESS		33.
	V	18 CAUSE OF DEATH (Enter an PART I. DEATH WAS CAUSE) IMMEDIAT	ly ane cause per line far (a), (b), DBY: E CAUSE (a)	ond ESPI	RUTURY	ARREST		APPROXIMATE BETWEEN ONSE	INTERVAL TAND DEATH
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1, 11, 17	CERTIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	PEANNET YES NO	20b. IF YES, WIN CERTIFYIN	ERE FINDINGS G CAUSES OF I N	USED DEATH?
Clan 1	10000	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	URRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART I	OR PART 2}	
offending the big ded or I	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E FARM, ETC)	214 LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
L OR ATTENDIN the hospital or L DIRECTOR, At reched for use o e Dept of Meath		220.1 certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE	n view the bady after death.	&50, ar	d that in (my) (aur) apinio	an death accurred an the	AFF	,	
D HOSPITAL TO FUNETRAL TO FUNE	1	220 PHYSICIAN'S NAME (TYPE O	L-RABBA	T	VICU - U	DIRECTOR DHYS		ENEBAI	st.
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	23b DATE 23 8/8/85	NAME OF C	EMETERY OR CREMATOR	Y 23d. LOCATION CITY OR TOWN	cc	DUNTY	STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME Anatomy I	Board ADDRES	Balto	250 D	ATE REC'D. BY REGISTRA	AR 256 REGISTRAR	'S SIGNATURE	



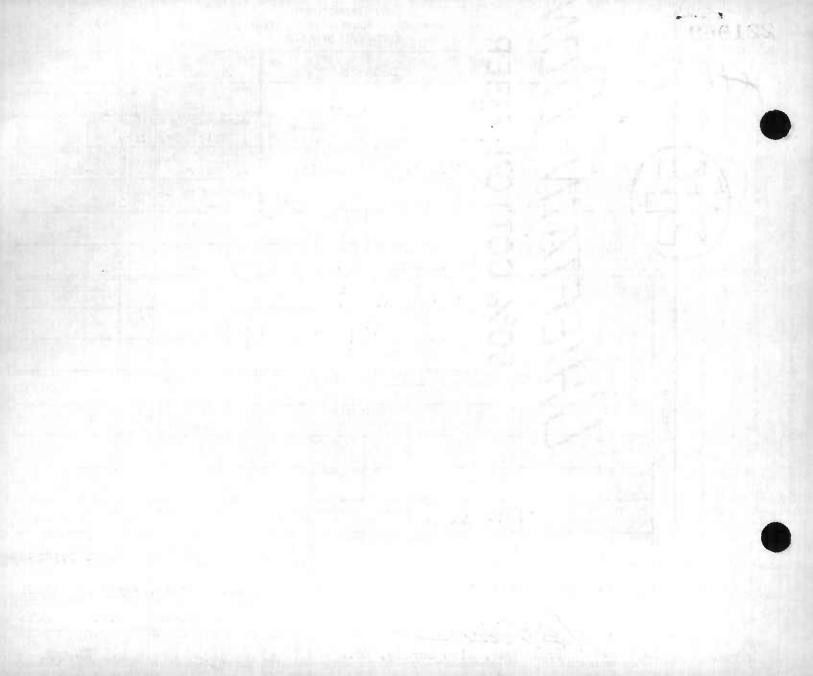
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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41		CEASED NAME OR PRINT)	ward		MIDDLE		LAST		Le Dille Ol Derill		DAY YEAR	2b. HOUR
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the the	3. SE	Male		4 RACE Whi	te		DF BIRTH 11,1929	YE AR	6 AGE (IN YEARS LAST BIR	YRS	MONTHS DATS	IF UNDER 24 HRS
85		RTHPLACE (STATE OR F COUNTRY) aryland	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOW	D NEVER MARK	RIED 🗌	Baltimore city of Baltimo			MD.
D	100	TY OR TOWN OF DEA	(TH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	or other institut	ION .	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C Cab Drive)	ION OF WORKING LIF	126 KIND O	of Business OR Employed
奶	13a. S	AL RESIDENCE (IF NURS) TATE d.	NG HOME OR NO COUN A. A	ITY	GIVE RESIDENCE BEFORE 13t. CITY OR TOW Glen Bur	/N	13d INSIDE CITY L	IMITS?	13e STREET ADDRESS . 8 Thomas F		21061	
121	47	THER'S NAME	Í	MIDDLE	Bennett		15 MOTHER'S MA Evelyn	IDEN NAM	WIDDLE		Li.	st
12		VAS DECEASED EVER VES NO OR UNKNOWN) Yes		E WAR OR DATES	216.24.1		Mr. Loui			e as #	13	
a burial, cremation, or re ury, at other traumatic c	z	Canditians, if any, gave rise ta imm cause (a), statin underlying cause	which nediate g the last.	(b) DUE TO, O	R AS A CONSEQUE	ENCE OF	NOT RELATED TO		White Tran	IDITION GIV	EN IN PART 10	0
9	TIFICATION	9a DATE OF OPERAT	IION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORME	D	200 AUTOPSY?	IN CERTIF	S, WERE FINDING YING CAUSES	NGS USED OF DEATH?
And or hen 18 st	MEDICAL CERT	21a ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR AT WOR	AUSE OF DEA	HOUR A. P. 21e PLACE	M. MONTH D.	19	211. LOCATION STREET	Y OCCURRI	ED (ENTER NATURE OF INJU		COUNTY	STATE
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o tra		22d PHYSICIAN'S NO	ME (TYPE O	John James	4-1)			NDING SICIAN X	MEDICAL STA		Aug.	3,1985
WPORTANT		Alejan	dro M	ontoya			Oakwood		, Glen Burn	nie, M	laryland	21061
-		SURIAL, CREMATION, SPECIFY) Burial	REMOVAL	Aug.5,			ewetery or crew aven Mem.		Glen Burn	nie	A.A.	Mã.
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DHMH - 16 60M 7/84 (VRA 15, 4)

Singleton Funeral HOme, Glen Burnie, Md.



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5

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REGISTRAR			CERT	TIFICATE OF DEA	TH	REG. NO)		04
DECEASED NAME	FIRST	MIDE	DLE	LAST			MONTH DA	AY YEAR	26 HOUR
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. SEX		RACE		E OF BIRTH		AGE (IN EARS LAST BIR		FUNDER 1 YEAR	IF UNDER 14 HRS
M		B	MC	1-10-	10	75	YRS.	ONINS DAYS	HOURS MIN.
BIRTHPLACE ISTATE	OR FOREIGN 7b.	CITIZEN OF WH	HAT COUNTRY? 8	0/5- D NEWS 1110	0150	BALTIMORE CITY O		OF DEATH	
Maryla	Nd.	U.S		RIED NEVER MAR	CED X	RaH	ima+	-0.0	CITCIMO
O CITY OR TOWN OF I	DEATH 11		SPITAL, NURSING HOM		TION	120 USUAL OCCUPATI		126 KIND C	OF BUSINESS OR
Ba1+11	na-b.	(IF NOT IN SUCH F	JILTHE &	-aN	-	A HODRET		INDUSTRY	
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Md.	138 COONTT	1.7	BAHO.	YES NO		36 STREET ADDRESS	TAVE	He K	2000.
FATHER'S NAME	MID	015	LAST	15 MOTHER'S MA			17	0	VC
I-550	20	Re	rry man	SUSA		PAIR	1	ARK	RIP
WAS DECEASED EV			SOCIAL SECURITY NO		1 .0	ADDRE	SS	1.	1
(YES, NO OK DAKAOWA)	IN YES, GIVE W	AR OR DATES)	18-01-138	9 Ethel	MA	doox 22	7 ARI	woto	o Hoe.
18 CAUSE OF DE	ATH (Enter only o	one couse per lin	e for (a), (b), and (c)	7,7	^			BETWEEN	MATE INTERVAL ONSET AND DEATH
PART I. DEATH	I WAS CAUSED B		ingestive	Heart	· ta	elem			
		DUE TO OR A	S A CONSEQUENCE OF	:	,		80,05		
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190. DATE OF OPE	RATION	196 CONDITIO	ON FOR WHICH OPERAT	TION WAS PERFORME	D	200 AUTOPSY?	206 IF YES, IN CERTIFY	WERE FINDING CAUSES	NGS USED OF DEATH?
ž		11-71-2				YES NO Z	YES		NO 🗆
OR CONTRACTOR		21b. TIME OF IN HOUR A.M.	MONTH DAY YEA	AR 21c. HOW INJUR	Y OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	RT I OR PART 2)	
(IF EITHER NOTIFY M	EDICAL EXAMINER)	P.M.	1				3511		
(IF EITHER NOTIFY M 21d INJURY OCCI		21e PLACE OF	INJURY FACTORY, OFFICE, FARM, ETC.)	21f LOCATION		CITY OR TO	WN	COUNTY	STATE
AT WORK NOT	WHILE			1,2	0	0/3	10	0	
220.1 certify that				1	9_01	_, to	19		that (I) (we) last
Optive of wi	idid lidid not v	e= the body of	er death.) Opinion de	eath occurred on the do	te and hour		
226. SIGNATURE	Mali	1		DEGREE	NDING	MEDICAL STAF	E \ .	22c. DATE	SIGNED
201 21212121212	yun	1		PHYS		DIRECTOR PHYSIC			
22d. PHYSICIAN'S	TYPE OR PR		0.10	22e ADDRESS			- Land		
110ges	'celsi	reman							
30 BURIAL, CREMATIO	N, REMOVAL	23b. DATE	230 NAME O	F CEMETERY OR CREA	MATORY	23d. LOCATION		CDUNTY	an side
BUR.	IAI	8/9/5	95 ///7,	HUDURN		BATTO.			Mid

BP. DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remove a with the State Dept of Health and Mental Hygiene prior to burial, cremation,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

IMPORTANT: If them 21 is marked or them 18 shaws ony

24 FUNERAL DIRECTOR (VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 254 REGISTAL AUG 6 1985

F HISO The second secon 12 I will be to the thinking the thinking the

tor, page 3 ofter death

Pages

TO FUNERAL DIRECTOR: After this certificate has been signed by the attenshould be detached for use as the burial-transit permit. Then please remove a with the State Dept-of-Health and Mental Hygiene prior to burial, cremation,

IMPORTANT: If Item 21 is marked or Item 18 the

ar other traumatic event,

FOR

- STATE

DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ATTENDING PHYSICIAN: The

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

La	-	4	3	O
DEC N	10			- 80

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.			
	CEASED NAME FIRST	WIDDLE	l	AST	20. DATE OF DEATH MOI	NTH DAY	YEAR	26. HOUR
		Benser			8	22	85	650AM
3. SE		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDA		DER I YEAR	IF UNDER 24 HRS
	Female	White	07	30 05	80	YRS.		HOURS MIN.
	IRTHPLACE ISTATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNT	RY? 8	D NEVER MARRIED	BALTIMORE CITY OR C	OUNTY OF D	EATH	
	Md.	USA	WIDOWE		Balto	City		MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		OR OTHER INSTITUTION	120 USUAL OCCUPATION		b. KIND O	F BUSINESS OR
1	Balto.	C . TT.		Nursing Ct	NT / A	JAKING CIPE) IIN	N	/A
13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUL	NTY 13c. CITY OR T	OWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	21214		
-	Md . ATHER'S NAME	Bal Bal	10.	YES X NO I		indon	Ave	•
7	FIRST	Charles Benser		FIRST	/A Lena Gall		LAS	т
	WAS DECEASED EVER IN U.S. AR	RMED FORCES? IST SOCIAL SI	ECURITY NO.	17. INFORMANT		Balto.	,	
L'	NO (IF TES, GIV		28-659	B Carl Jer	nkins 2501 l	Halcy	n A	ve.
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b)	, and (c1.)				APPROXU BETWEEN C	MATE INTERVAL ONSET AND DEATH
		TE CAUSE (o)		land	in Unist	-		
		DUE TO, OR AS A CONSE	QUENCE OF	m. 1: 2	A 1+1.			
	Conditions, if any, which gove rise to immediate	(b)	0	Managnest	Curpythonia	-	-	
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	liter	isselentie las	dimente De	in	Ken	
z	PART 2 JOTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	ON GIVEN I	PART 110	٥,
18	190, DAIL OF OPERATION	196 CONDITION FOR WH	ICH OBERATIO	NI WAS DEDSORATED	20a AUTOPSY? 20	b. IF YES, WE	DE EINIDA	ICC HEED
CERTIFICATION	196. DATE OF OPERATION	196 CONDITION FOR WA	ICH OPERATIO	IN WAS PERFORMED		CERTIFYING YES		
CER	21a. ACCIDENT WAS UNDERLYING	LICINO A M. MONITH	DAY VEAD	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN	ITEM 1B, PART 1 C	OR PART 2)	
₹	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER		DAT TEAR	13 THE R. P. LEWIS CO., LANSING, MICH.				
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI		21f LOCATION	CITY OR TOWN	-	OUNTY	STATE
2	AT WORK NOT WHILE	(AT HOME, STREET, FACTORY, OFF	ICE, PARM, CIC.)	12/20/ 00	CITTORTOWN	1 1	MILL	STATE
	22a I certify that (I) (this hosp	tal) attended the deceated for	om Ois	12/21/19/52	, to	79/19	3	that (i) (=e) last
	saw the deceased alive or above, (1) (we) (did) (did)	ot) view the body after death.	985-, 01	nd that in (my) (aux) opinion	death occurred on the date	and hour and	from the	couses stated
-	226. SIGNATURE	0 1		DEGREE			22c. DATE	SIGNED
	Alber B	Dredley	- 1		MEDICAL STAFF		8/:	22/81
	Albert	R PRINT)		22e ADDRESS	oin Da Dal	+-	Ma	27.206
		B. Bradley			air Rd. Bal	10.,	110.	21206
	BURIAL, CREMATION, REMOVAL SPECIFY)	. 236 DATE 2	30 NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUN	TY	STATE

DHMH-16 60M 1/73

TO HOSPITAL OR

(VR A 15 (4))

24 FUNERAL DIRECTOR NAME Anatomy Board

Removal

ADDRESS

8/22/85

Balto., Md.

COUNTY

STATE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE OF MARYLAND 246020 FOR DEPARTMENT OF HEALTH AND MENTAL HEGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH 2h HOUR CTYPE OF PRINT 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) To. BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH NEVER MAT ED COUNTRY WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 21225 130. STATE 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Koundl 4 FATHER'S NAME MIDDLE MIDOLE 60 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN1 ADDRESS CAUSE OF DEATH (Enter only one couse per line for (o), (b) PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (0) PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. DIVISION OF VITAL RECORDS, 201 CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 20a AUTOP IN CERTIFYING CAUSES OF DEATH? YES [NO T 710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY THE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00/ HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM ETC | CITY OF TOWN STATE NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from sow the deceased plive on S and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS JONES 0 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY Burial

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

24 FUNERAL PATTOR William C. March F.H. 4300 Wabash

Meadow Ridge Mem

SO DATE REC'D BY HE BIRAR IS REGISTRAR'S SIGNATURE

OCHARS L. 2 L. 31 Total Committee of the Description of the second of t with the second desired the second

241034

DHMH - 16 50M 4/83

(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

8

IF UNDER 2.1 HRS

STATE

25" DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

The Davids

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	3 15 40		
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The Thomas II	A STATES A		fra.
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	141		
		The Grant of the	-1 - 7E-

				STATE OF MA				
040004	1	FOR STATE		MENT OF HEALTH A	10		1941	
246001		REGISTRAR		EXAMINER'S CE	RTIFICATE O	F DEATH REG.	NO.	
	(1)	ECEASED NAME FIRST YPE OR PRINT)	MIDDLE	LAS	ST	20 DATE KNOWN OF ESTI-	X MONTH DAY YEAR	2b. HOUR
1 4 4 8 8 8 8 1		JAMI	ES H,	BEVERL	.Υ	DEATH MATED	8-24-85 19	M
A PROBLEM	3 S		5 DATE OF BIRTH	6. AGE (IN YEARS IF UNDE			MONTH DAY YEAR	Zu HOOK
1 2 2 201	1	MALE BLACK	6 8 1926	LAST BIRTHDAY) MONTHS	DAYS HOURS	MIN PRONOUNCED DEAD	8-24-85 19	9:02
CESSARY JERAL DIII JITHIN 72	25 70.	BIRTHPLACE (STATE OR	76 CITIZEN OF WHAT COUN	TRY?	NEVER MARRIE	9 BALTIMORE CITY	Y OR COUNTY OF DEATH	
S S S S S S S S S S S S S S S S S S S	2)	WARYLAND	4.S.A.	WIDOWED			e City	MD.
Y IS I		CITY OR TOWN OF DEATH	Provident Hos	RSING HOME, OR OTHER	INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF 8 OR INDUS	USINESS
300	11	Baltimore				120.00	ER CONSTRU	
	US 13e	JAL RESIDENCE (IF IN NURSING HOME C	R OTHER INSTITUTION, GIVE RESIDENCE	OR TOWN	d. INSIDE,CITY LIMITS?	13e STREET ADDRESS		
ANI	20	MD.	BA1.	. 1	YES X NO	4025 Wood	haven Ave:	21216
W	700 14.	FATHER'S NAME	MIDDLE		MOTHER'S MAIDE		1.47	
A 2138	ECIK	andolph	Be	verly	Fluza	Ann	Chil	10
N PAR NO NO N	1 160	WAS DECEASED EVER IN U.S. AR		CIAL SECURITY NO. 17	INFORMANT	ADDRE	ESS	
BALTIMORE, MD. 21201 S. ALTER CEATH. IF ANY GIVE PAGES 1. 2, AND ITH FORM-RM 3. HET PAGES 1. AND 2. HEL VISION OF VITE.	3/	VES W	WAR OR DATES! 271	5-22-3567	Ruth B.	Beverly 402	25 Woodhav	en Av
S S S S S S S S S S S S S S S S S S S	1	18 CAUSE OF DEATH (Enter on	ly ane cause per line far (a), (b)	, and (c).)		7)	APPROXIMA	TE INTERVAL
Z	į	PART I DEATH WAS CAUSED	D BY: TE CAUSE (a) Arterio:	sclerotic ca	rdiovascu	lar disease	BETWEEN ONS	ET AND DEATH
TO STORY	REMOVA	INVINEDIA	DUE TO, OR AS A CON	ISEQUENCE OF				
W. PREST WITHIN ENCIL IN AINER A TRANSIT	SEA.	Conditions, if any, which						
≥ ≥ Z ≤ E F	×	gave rise to immediate cause (a) stating the under-	(b)	ISEQUENCE OF				
201 W. PRI UTED WITHI IN PENCIL EXAMINER ZIAL - TRAN	ž	lying cause last.						
	ATIC	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE OF	CONOITION CIVEN IN BAR	71		
DIVISION OF VITAL RECORDS, 201 V S CERTIFICATE SHOULD BE EXECUTED RITING THE WORD "PENDING" IN PE ROED TO THE CHIEF MEDICAL EXAM ES SHOULD BE USED AS A BURIAL. EDEPARTMENT OF HEALTH AND MEI				TEO TO THE PERMINAL DISEASE OF	CONDITION DIVER IN FAR	1170.		
PEN ME	Ö - B	190. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS	PERFORMED?		20 AUTOPS	Y2
VITAL I	OF PRIOR TO BURIAL, CREA							
NVISION OF VITA CERTIFICATE SHC NTING THE WORL SASHOUD BE UE SEARTMENT OF	B	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY	ZIc HOW	V INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM	YES	№ 🛚
N FEET OF	D S	UNDERLYING OR	HOUR A.M. MONTH	DAY YEAR				
SION SHOOT SHOOT	S S	CONTRIBUTING CAUSE OF I	21e PLACE OF INJURY	19 (AT HOME, 21f LOCA	TION			
DIVIS IS CER VRITINA VRDED GE 3 SI	201 P		STREET FACTORY FARM 5	TC.) STRE		CITY OR TOWN	COUNTY	STATE
FAMA	21	AT WORK AT WORK				CT7		
CATE, TH FORWA OR: PA	MARYLAND	22a I certify that I taak charg	e of the remains described aba	ve, held an Autapsy	, Inspection	Inquiry X	and in my apinian	
A SERIES	¥ Z	death resulted fram: Natur	ral causes . Accident	, Suicide ,	Hamicide	Undetermined manner	J.	
W. W	\$ A	ACTUAL . MAJO	- Ilmo UV-	11	TITLE (SPECIFY)	nt	8-26-8	5
A P P P P P P P P P P P P P P P P P P P	#) /	SIGNATURE WOLLD	4 Hive me	M.D.	Assista	enn Street	DATE SIGNED	
MEDIC CUTE 3E 4 S FUNE ER DE	S I	EXAMINER'S NAME M	argarita A. Ko	rell, M.D.	111 P	enn Street		
TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECTE AFTER DEATH, WITH THE	E/	(TYPE OR PRINT)	A. 9 A	^	DRESS			
F 3254	23e	BURIAL, CREMATION, REMOVAL 2	DATE 236. N	NAME OF CEMETERY OR C	REMATORY	23d LOCATION	COUNTY	STATE
07/84 BP	_		/ 11.	1841 112 W	EM. YR.	BALtimo	re Count	7
DHMH - 17		FYNERAL PIRESTED & SO	ADDRESS	DHOME	750. DATE R		GISTRAR'S SIGNATURE	2
(VR A15 ME ((5))	2501 GINYN	NS 1-Alls	PARKWAY	AUG	3 2 9 1985	W PAUL (ACO) No. 10-10	

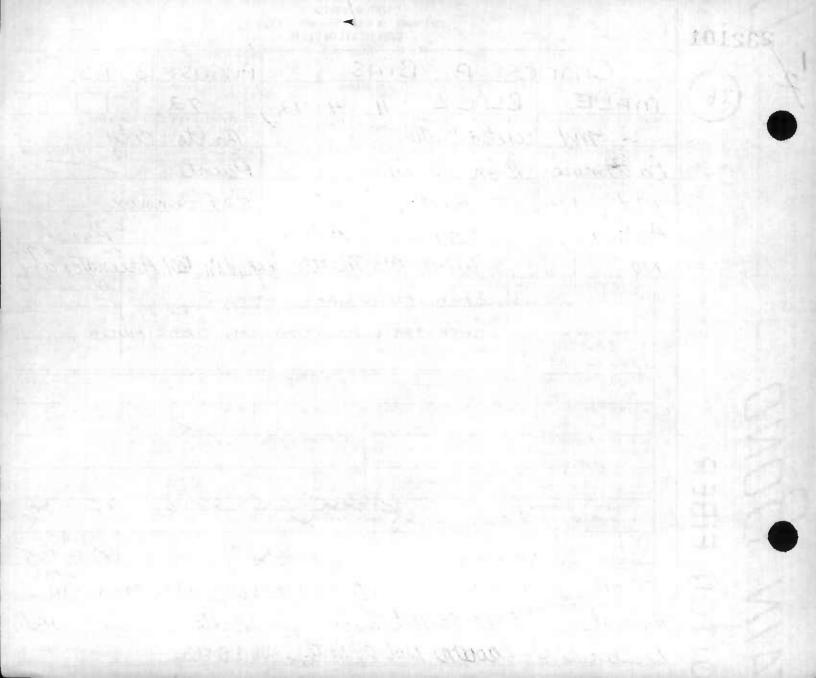
FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

١	1 -	REGISTRAR		CERTIF	ICATE OF D	EATH	REG. N	10.		
1		CEASED NAME FIRST	WIDDLE	0 '	AST	1	0. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	(ITPE	Charle	S A.	BIA	S		AUGUS	T 13	3, 1985	. M
ı	3. SEX	4. R	ACE	5. DATE C		YEAR 6	AGE IN YEARS LAST BE	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
1	r	MALE	BLACK	11	4	12	7	X YRS.		noons must
ď		RTHPLACE (STATE OR FOREIGN 76 (CITIZEN OF WHAT COUNTRY	? 8 MARRIE	D NEVER M	ARRIED 9	BALTIMORE CITY	OR COUNT	TY OF DEATH	
a.		mod U	united State	WIDOWE	D DN	ORCED	Balte	5. C	ity	MD.
	10. CI	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURS		OR OTHER INST		20 USUAL OCCUPAT			OF BUSINESS OR
4	1	actimore	Bon Sec	DUR			Paint	1		
-		AL RESIDENCE (IF NURSING HOME OR OTH TATE 136 COUNTY	ER INSTITUTION, GIVE RESIDENCE BEFO 13c. CITY OR TO		136 INSIDE CI		3 STREET ADDRESS	/ ZIP CO	DE Z	1217
d	14 FA	THER'S NAME	Ball	0,	YES AOTHER'S	MAIDEN NAME	829 L	enn	OK.	
-	4	nthun Mide	BOIL	2)	AS	ICS	MIDDLE		Ra	IN
1				URITY NO.	17. INFORMAL	YT, H	ADDR	ESS	AS	#701
	À	(IF YES, GIVE WA	217-09	-9313	Matt	ie Ho	Tman 7	0/1	rlings	onary
1		18 CAUSE OF DEATH (Enter only o		ind (c).1					APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
1		PART I. DEATH WAS CAUSED BY IMMEDIATE C	AUSE (0) CARDIU	PULF	MAIAO	4 pr	2 1251			
			DUE TO, OR AS A CONSEQ	UENCE OF					3 7 %	
		Canditions, if any, which	(b) 7137757	MIL	13506	PHACI	NAL CA	ncil	NUMA	
		gave' rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO	UENCE OF						
ı			(c)							
	z	PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE OR COM	NDITION G	IVEN IN PART 1	a.
	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFO	RMED	20s AUTOPSY?	120b IF Y	ES, WERE FINDI	NGS LISED
7	IFIC,	THE OF CLEMENTS.				11160	YES NO	INCERT	TIFYING CAUSES	OF DEATH?
1	ERT	21s. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW IN.	JURY OCCURRE	D (ENTER NATURE OF IN)	1		МОП
ſ		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH P.M.	DAY YEAR	130.0					
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATIO	N	CITY OR T	Ohathi	COUNTY	STATE
	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC }	ZIMEET		CITTORI	OW.	COOM	37.416
		220.1 certify that (I) (this hospital)	attended the deceased fram	7/1	7/8/	. 19 8 5	, to 8/1	3	19 5	that (1) tast
		saw the deceased alive an abave, (1) (we) (did) (did nat) vi	ew the body after death.	S. or	nd that in (my)	apinian de	eath occurred on the c	late and ha	our and Iram the	causes stated
		SIGNATURE DD			DEGREE				22c. DATE	SIGNED
١		When the	luen		A P	HYSICIAN D	MEDICAL STA		8/	3/00
		and the second s								100
-		THE PHYSICIAN'S NAME THE OFFE			22e. ADDRESS					21212
		JOHN SIM	711145		0105	MAY		n.	3ALT-	2/2/2
		JUHN SIM	711145	NAME OF C		MAY	LANII	n.	SALT-	2/2/2 70

DHMH - 16 50M 4/83 (VRA 15, 4)

Milliam C. Broten 1206-08 North AUG 16



injury, or ather traur

IMPORTANT: If them 21 is marked or them 18 shows any

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY JENE 5 CERTIFICATE OF DEATH

4

	KEOISTKAK					REG. NO.					
	DECEASED NAME FIRST	MIDDLE	LA:	51		20. DATE OF DEATH	ONTH	DAY	YEAR	2b. HOU	R
L	JESSE		BI	BBENS	SR.	AUG.17,198				8:	:45PM
3.	SEX	4 RACE	5. DATE OF	BIRTH	YEAR	6 AGE (IN YEARS LAST BIRTH	DAY)	IF UNDER	DAYS	IF UNDER	24 HRS MIN.
L	Male	Black	9	23	08	76	YRS				
7	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIED	□ NEVER	MARRIED -	9 BALTIMORE CITY OR	COUNT	Y OF DE	ATH		- 111
1	Georgia	USA	WIDOWED		VORCED [baltimore		У			MD.
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV		OTHER INS	NOITUTIT	12a USUAL OCCUPATIO			KIND O USTRY	F BUSINE	SSOR
1	BALTIMORE	JOHNS HOPKI		AL							
	SUAL RESIDENCE (IF NURSING HOME OF 30. STATE 13b. COUN			13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS /					
4	MD	Balt:	imore	YES 🔀	NO 🗌	1037 N. Du	rham	St.		21205	1
J			AST		S MAIDEN NA	WE			LAS	1	
1	William	Hubbar			achael	100000	2	Hubb	oarc	1	
10		VE WAR OR DATES)		17 INFORMA		ADDRES			4		
L	No [213-0	9-3931	Willia	m Bibbe	ens 1521 King	jswa:	*			
ı	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D RV.	10 1			n 1		BE	TWEEN	DNSET AND	DEATH
Т		TE CAUSE (0) Card	110-101	A-0115	41	forest					
П		DUE TO, OR AS A CON	SEQUENCE OF			4					
Н	Conditions, if any, which	10,000	25 tati	. (7	25+	· Cznce.					
	gove rise to immediate	10)		4.		00 0			_		
ı	couse (a), stating the underlying couse last.	DUE TO, OR AS A CON	ISEQUENCE OF								
Т		(c)									
L	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT N	OT RELATES	O TO THE TERM	INAL DISEASE OR COND	ITION G	IVEN IN P	ART 110	5	
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196, CONDITION FOR V	WHICH OPERATION	WAS PERF	DRMED	20g AUTOPSY?	20b. IF YI	ES. WERE	FINDI	NGS USER	0
	E I'M. DATE OF OFERATION	TVO. CONDITION ON	WHICH OF EXAMON	WASTERIO	JKINED .	_ _	IN CERT	IFYING C		OF DEAT	TH?
	21g. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY		21r HOW IN	JURY OCCURE	YES NO	<u> </u>	PART I OR F	DART 21	NO [
	OR CONTRIBUTION OF CAUSE OF OF	HOUR A.M. MONT			-sent occom	(EINTER INATOREOF INTORE	114 116741 10	THAT I OR F	10.14)		
	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATI	ONI						
	MHITE WOLMHITE	(AT HOME STREET, FACTORY,	OFFICE FARM, ETC)	STREE	ON	CITY OR TOW	N	cou	NTY	S	TATE
ı	AT WORK AT WORK		21	-	0.0	10/1	-	- 6	-		
1	22a.l certify that (I) (this haspi saw the deceased alive on	.1//7	المامع ون		19 6 3	, to 0/1		, 19_0		that (I) (v	
	above M (we) Idid (did no	at) view the body after death.			(our) opinian	deoth occurred on the dot	e ond ho				ited
	776 SIGNATURE	11100	Lina	EGREE	ATTENDING	MEDICAL STAFF		220	DATE	SIGNED	
1	Laymon	ul HVV	Dening		PHYSICIAN [DIRECTOR PHYSICIA			0/	111	ليكا
1	224 PHYSICIANS NAME COME	11 01		22e ADDRES	1.1	1 11		11			
	Neymony	H. Plack		16	uns H	options Ho	2600	Tal	6		
2	30 BURIAL, CREMATION, REMOVAL		23c. NAME OF CE			23d LOCATION		COUNT	v	MPS	TATE
	(SPECIFBurial	8/23/85	Arbutus	Mem.		Baltimor	.19			MD ⁵¹	TAIL .
2	4 FUNERAL DIRECTOR	100	DRESS		25a. DAT	E REC'D. BY REGISTRAR 2	RIGIS	Jan de	إسري	Spilor	
	Wm. C. March F	/H 1101 E. Ñ	orth Ave.		AL	JG 22 1985	1				

DHMH - 16 60M 7/B4

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(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND

FOR STATE REGISTRAR			FHEALTH AND MENTAL HYG IFICATE OF DEATH	REG. NO.	4 9	
	RST MIC	DDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
DORC	THY ELL	EN BIDE	DINGER	8 2	27 85	11:00 A
3. SEX	4 RACE	5. DAT	E OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Female	Whi	te 4°	21 15	70 YRS	MONTHS DAYS	HOURS MIN.
To BIRTHPLACE (STATE OF FOREK	GN 76 CITIZEN OF W	HAT COUNTRY? 8	RIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
Maryland	U.S.	Λ 1	WED DIVORCED	Baltimore	City	MD.
O CITY OR TOWN OF DEATH			E OR OTHER INSTITUTION	120 USUAL OCCUPATION		F BUSINESS OR
Baltimore	St. A	facility, give street accoress) gnes Hosp:	ital	Housewife	INDUSTRY HC	ome
JSUAL RESIDENCE (IF NURSING 130. STATE 160. Maryland 1	Baltimore	RESIDENCE BEFORE ADMISSION OF TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN		130 STREET ADDRESS / ZIP COD)43
FATHER'S NAME			15 MOTHER'S MAIDEN NA			
John	Wesley	Frey	Margare		Coll	lins
IL VAS DECEASED EVER IN L	J.S. ARMED FORCES? I	66 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS		
No	TES, GIVE WAR OR DATES)	218-01-07:	10 Robert L.	Biddinger San	me as #	\$ 13
18 CAUSE OF DEATH (E		ne far (a), (b), and ic			BETWEEN	MATE INTERVAL DINSET AND DEATH
PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE (a)	Resp. F	ailure			
1/4//4	TEDIATE CHOOL (U)					

18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT	ly one couse per line for (a), (b), and (c) BETWEEN ONSET AND E CAUSE (a) APPROXIMATE INTER BETWEEN ONSET AND	DEATH
Canditions, if any, which	DUE TO, OR AS A CONSPOUENCE OF PLIC Acidoris, Reval Failure	
gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF the Diabelis Mellitus	
PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a	

9a DATE OF OPERATION	19b, CONDITION FOR WHICH OPERATIO	n was performed	YES T		206. IF YES, WER IN CERTIFYING YES	CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCU	IRRED (ENTER NA	TURE OF INJURY	IN ITEM 18 PART 1 OF	R PART 2)
(IF EITHER NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED	P.M. 19 21e PLACE OF INJURY	211 LOCATION				

220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an abave, (1) (we) (did) (did nat and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated 22b. SIGNATURE DEGREE 220 DATE SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

22d PHYSICIAN'S NAME (TYPE OR PRINT)

230	(SPECIFY)	CREMATION,	REMOV
	(356611)	Buria	1

23b DATE 8-30-85

GARG

23¢ NAME OF CEMETERY OR CREMATORY Good Shepard

236 LOCATION Ellicott

Cem | Ellicott City Howard Md.

DHMH - 16 60M 7/84

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24 FUNERAL DIRECTOR Mac Nabb Funeral Home (VRA 15, 4)

Catonsville, Md.

211004		STATE					AND MENTAL		2	9 4 5	
2410214		REGISTRAR		MEI	DICAL EXAMI	NER'S C	ERTIFICATE		REG. NO.		
		CEASED NAME E OR PRINT)	FIRST		WIDDLE		LAST	Ur	E KNOWN X	MONTH DAY YEAR	2b HOU
ARRER.					O 1 D	DINGE			H MATED	3-25-85 19	
STATES	1. SE)		4. RACE	S. DATE OF BIRTH	YEAR LAST BIRTH		DER 1 YR. IF UNDER	24 HRS 2c. DA	HNICED	MONTH DAY YEAR	24 1100
SOCIA	Ma	le	White	June 26,	1906 79	YRS.		DE		3-25-85 19	2:20,
2000年1000		RTHPLACE (STA	ITE OR	76 CITIZEN OF WI	IAT COUNTRY?	8. MARRI	ED NEVER MARR	IED L		COUNTY OF DEATH	
要素が多く	1	Maryland		U.S.A.		WIDOW			imore C		M
A SHEET	III. CI	TY OR TOWN O	OF DEATH	(IF NOT IN SUCH FAI	PITAL, NURSING HOA	AE, OR OTH	ER INSTITUTION	FOR MOST OF W	CUPATION (TYPE O	OF WORK 12b. KIND OF E OR INDUS	USINESS
30,22	1	Baltime	ore /	St. Agne	es Hospital	3.3	44	Inspec	tor	Steel	
201 COLARIA		AL RESIDENCE (TATE	IN COUNT	LA:	13c CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET ADD			
AND SETA	Ma	ryland	Bal	timore	Putty Hi	11	YES NO D		elair Ro	oad 21236	
W #-x2 2/	14.F/	THER'S NAME		MIDDLE	LAST	- 1- 1	15. MOTHER'S MAIDI	EN NAME	WIDDLE	LAST	
DRE SEEA		Winfre		Bid	inger	71110	01a	Richmo			35 [
BALTIMORE, MD. S AFTER DEATH. IS GIVE PAGES 1. 2. THE FORM PM. 3. MYSION OF VIRAL	160. V	ES, NO, OR UNKNO	EVER IN U.S. ARA	WAR OR DATES)	16b. SOCIAL SECUR	IIY NO.	17. INFORMANT		ADDRESS		
A STATE OF S		No			1		Thelma Bi	dinger 8	219 Bela	ir Rd. 212	
ST.		PART I DE	DEATH (Enter onli ATH WAS CAUSED	y ane cause per line	far (a), (b), and (c).)			.law dica	200	APPROXIMA BETWEEN ONS	
NO THE STATE OF			IMMEDIAT	E CAUSE (a) Ari	teriosclero		ardiovasci	ilar dise	ease		
WEST AND WEST		Condition	s, if any, which	DUE TO, OR	AS A CONSEQUENCE	OF				- Inchil	
WITH SERVICE S		gave rise	e to immediate stating the under-	(b)	AS A CONSEQUENCE	. 0.5					
N PEN NEW NEW NEW NEW NEW NEW NEW NEW NEW N		lying caus		DOE TO, OR	AS A CONSEQUENCE	: OF				(C)	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD." PENDING. IN PENCIL IN ITEM 16 ROED TO THE CHEEF MEDICAL EXAMINER ACCORD. 22 3 SHOULD BE USED AS A BURBAT. TRANSPER PERMIT OF PERMISHING FRANTH AND MENTAL HYGIENES. OF PRIOR TO BURBAT. CREMATION OR REMOVAL.	Z	I WALL OTHER 210	ATTICANT CONDITIONS	CONTRIBUTION TO BEATTI	OU NOT KECKTED TO THE TER	CHICAL DISEASE	OK COMPILION GIVEN IN PA	IKI I a			
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HUISION OF VIT CERTIFICATE SH TITING THE WOR DED TO THE CE E 3 SHOULD BE U DEPARTMENT OF	W.		L CAUSE WAS	21b. TIME OF		21c. HC	W INJURY OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM 18 PA		XX
SE THE SOUTH OF THE SE	ALC	UNDERLYING CONTRIBUTION	U OR IG ☐ CAUSE OF D		MONTH DAY YEA	AR					
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DIVIS THIS CER WARDED WARDED PAGE 3 S 31ATE DEF 21201 PR	2	AT WORK	NOT WHILE] SIREEI, FACI	ORY, FARM, ETC.)	3	MEET	CITY OR	TOWN	COUNTY	STATE
				e of the remains desi	cribed abave, held an	Autaps	y . Inspectio	n , Ingur	ry 🕅 and	in my apinian	
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ERTIII B B B IN B B WITH ARY		deamiresone	11.	- A	11/ 00	vicide	TITLE (SPECIFY)	Onderermined	monner		
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NEE TETE	1	Calo	laure .		1/ 1.7 M	D	111 D.			SIONED	
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STA BARTIMORE, MARYLAND, 2		EXAMINER'S N (TYPE OR PRIN	Ma Ma	rgarita A	. Korell,M	.υ.	ADDRESSP	enn Stre			
524548	23a.B	SPECIFY)	ION, REMOVAL 2	3b. DATE	23c. NAME OF CE	EMETERY OF	CREMATORY	23d. LOCATION	1	COUNTY	STATE
07/84 BP	27.5	Bur	rial A	ug 29,198	5 Meadowr Homes, Inc	idge 1	Cemetery	Baltim	ore, Mo	. 21227	
DHMH - 17	74. F	NAME	Dippel	Funeralss	Homes, Inc		750. DATE	IC 9 7 105	KAR IZSB. REGIST	PAR'S SIGNATURE	122
(VR A15 ME (5))	1 /]	TO Rela	ir Koad	Kaltimon	o Md 212	O.C	A	10 6 3 100	10		

STATE OF MARYLAND

DRATE SOLA

MARYLAND 2120

W. PRESTON ST., BALTIMORE,

DIVISION OF VITAL RECORDS, 201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINE

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2	-	7	4	1

1	REGISTRAR		CERTII	ICAIL OI D	LAIN	REG	G. NO.		
Ì	I. DECEASED NAME FIRST	MIDDLE	L	AST	J = VI =	20 DATE OF DEAT	H MONTH	DAY YEA	R 25 HOUR
1	(TYPE OR PRINT) Anthony	у Е.		Bil	es	0	08	17 99	3 0745 "
I	3 SEX	4 RACE	5. DATE C			6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 Y	
I	Male	Black	MONTH 1		5 9	2.5	YR5.		ATS HOURS MIN.
1	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIEI	NEVER A	ARRIED K	9 BALTIMORE CI	LA OB CONN.	TY OF DEATH	Н
4	Maryland	U.S.A.	WIDOWE		ORCED	Baltim	ore (City,	MD
1	ALCITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		R OTHER INST	ITUTION	120 USUAL OCCU	PATION	12b. KIN	ND OF BUSINESS OR
1	Baltimore /	Union Memori	ial H	ospita	1	(TIPE OF WORK FOR M	UST OF WORKING	(ME) INDUST	IKI
Α	USUAL RESIDENCE (# NURSING HOME OF 130 STATE DISTRICTOR COURT	NTY 13c. CITY OR TOW	VN	13d INSIDE C	TY LIMITS?	13e STREET ADDRE	ESS / ZIP COI h Stre		.W.Apt/.4
-	14 FATHER'S NAME		0]	MAIDEN NAM				
1	Roper	Biles,	Jr.	Bet	t y	MIDE		Bagley	Y
7	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU	JRITY NO.	17 INFORMA	NT	Al	DDRESS		
4	(YES NO OR UNKNOWN) (IF YES, GIV	217-60-	-0965	Betty	Bile	s 2036	Cecil	Avenu	ue
1	18 CAUSE OF DEATH (Enter or	18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)							PROXIMATE INTERVAL
ı	PARTI. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardiae Arrest								
1	,		ENICE OF						
ì	DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which (b) Sep Ses								
1	gave rise to immediate								
١	cause 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last								
1	PART 2 OTHER SIGNISICANT	CONDITIONS CONTRIBUTING TO			TO THE TERM	INAL DISEASE OR	COLLOUTIONICO	D/ENLINI DAD	7.1
1		1	D. F. el	S.	Marie	IIINAL DISEASE OR	LONDITION G	JIVEN IN PAR	.I # d
4	190 DATE OF OPERATION	195 CONDITION FOR WHICH	OPERATION	N WAS PERFO	RMED	20g AUTOPSY?	20h JE Y	(ES WERE EIN	NDINGS USED
	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	, a condition of the training	, or EKAHOI	TY ASTERIO	WHED.	YES NO	IN CERT		JSES OF DEATH?
1	21a ACCIDENT WAS UNDERLYING	THE THE STATE OF STATE OF	AY YEAD	21c. HOW IN	JURY OCCURR	RED (ENTER NATURE OF	INJURY IN ITEM 18	8 PART 1 OR PART	1 2)
1	OR CONTRIBUTING CAUSE OF DE	AIR	19	19 LU					
1	OR CONTRIBUTING CAUSE OF DE-	21e PLACE OF INJURY		211 LOCATIO	N	-		6011117	
ı	WHILE NOT WHILE AT WORK							COUNTY	Y STATE
١	220 1 certify that (1) (this hasp	ital) attended the deceased from_		14	19 85	, ta 8	117	. 19	that (I) (we) last
1	saw the deceased alive on	at) view the body after death.	95 an	id that in (my)	(aur) apinion o	death accurred an t	he date and he	aur and from	the couses stated
ı	22b. SIGNATURE	ii) view the body after death.	(DEGREE					ATE SIGNED
1	1 CXA	hem his			TTENDING PHYSICIAN		STAFF		8117/95
	22d. PHYSICIAN'S NAME TYPE	OR PRIN		22e ADDRES	- Common		· O.C.M.		
				Uni	on Me	morial 1	Hosnit	-a1	
+	230 BURIAL, CREMATION, REMOVAL	Tagesor 123c	NAME OF C	EMETERY OR C		123d LOCATION		-41	
	SPECIFIC REMATION, REMOVAL					k Randa	VN	COUNTY	STATE
4	DOKTAL	0/22/03 K	rug h	emoria	I rar	K Kanda	TISLOW	VII,	Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as with the State Dept. of Health MPORTANT: If hem 21 is

and Mental Hygiene prior to burial,

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24 FUNERAL DIRECTOR

Md.

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STATE OF MARYLAND

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ALE A STATE OF STATE STATE STATES AND STATES

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICA REGISTRAR I. DECEASED NAME 20. DATE KNOWN X 7h HOUR MONTH DAY (TYPE OR PRINT) ESTI-DEATH MATED Verdella Bishop 10/10 4 RACE 5 DATE OF BIRTH 3 SEX 6 AGE (IN YEARS IF UNDER TYR IE LINDER 24 HRS 2c. DATE 78 MONT PRONOUNCED 06 Female Black 10/1985 DEAD BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA WIDOWED X DIVORCED Baltimore City IS CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS FOR MOST OF WORKING LIFE! OR INDUSTRY Baltimore Bon Secours Hospital ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1829 W. Lanvale St. 21217 30. STATE 136 COUNTY Baltimore 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Brown MIDDLE Matthews Harry Eleanor 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS NES, NO, OR UNKNOWN) 215-03-1530 James Bishop 1104 N. Carey St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF PRIOR TO BUR YES [NOX 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 714. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK COUNTY TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGI AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 220. I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinian Natural caused X death resulted fram Undetermined manner Hamicide TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 8/11/85 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23b. DATE 8/15/85 Paltimore 23c NAME OF CEMETERY OR CREMATORY Baltimore Cem. MD TATE 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR THE PERSON AND SERVICE **DHMH - 17** Wm. C. March F/H 1101 E. North Ave. (VR A15 ME (5))

FOR

REGISTRAR

- STATE

BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 13e.STREET ADDRESS / ZIP CODE 7108 Brompton Rd. 21207 Mc Griff Etta Bragg 7108 Brompton Rd APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MITTERENTIATED CANCEROF COLON PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE _, and that in (my) (and apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNEN Burial STATE COUNTY 24 FUNERAL DIRECTOR Wm C MArch F/H Inc. 4300 Wabash Avenue DHMH - 16 50M 4/83 Julia Daydoon Handage (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🛶

CERTIFICATE OF DEATH

2b. HOUR

IF UNDER 24 HRS

IF UNDER I YEAR

and 24 Section Land out thinks their Adams. X Spiritus Street and London and Long Street Street and L

FOR

REGISTRAR

male

To. BIRTHPLACE (STATE OF FOREIGN

IR CITY OR TOWN OF DEATH

BALTIMORE

John

LYES NO OR LINKNOWN

No

Canditions, if any, which gave rise to immediate cause (a), stating the

underlying couse last

210 ACCIDENT WAS UNDERLYING

21d INJURY OCCURRED

230. BURIAL, CREMATION, REMOVAL

Burial

22h SIGNATURE

(SPECIFY)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

130 STATE Md USUAL RESIDENCE

14 FATHER'S NAME

1. DECEASED NAME

- STATE

LIVEE OR DOINT

3. SEX

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CERTIFICATION

MEDI

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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH MIDDLE

5 DATE OF BIRTH

23

YES

17 INFORMANT

MONTH 5

WIDOWED

BLACKMON

UNION MEMORIAL HOSPITAL

Baltimore

Blackmon

166 SOCIAL SECURITY NO.

419-03-8349

REG. NO 2a. DATE OF DEATH MONTH YEAR 2h HOUR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 1912 73 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 21218 13e STREET ADDRESS / ZIP CODE 1908 Boone Street 15 MOTHER'S MAIDEN NAME MIDDLE Marie Conway Carolyn Clark 1910 Boone Street PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? - 995 trotomy ruse YES YES 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) CITY OF TOWN COUNTY STATE 2494500 , and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

236. DATE

8/14/85

220.1 certify that (1) (this hospital) attended the deceased from 414

saw the deceased alive on quality & &

LANNETTE LINTHICUM M.D.

abave, (I) (we) (did) (did not) view the body after death

21h TIME OF

21e PLACE OF INJURY

LEROY

black

THE CITIZEN OF WHAT COUNTRY?

USA

IMMEDIATE CAUSE IOL LISOP NA

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

AT HOME STREET FACTORY, OFFICE, FARM, ETC 1

4 RACE

136 COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I, DEATH WAS CAUSED BY.

MIDDLE

LIE YES GIVE WAR OR DATES

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and co

22e ADDRESS

211 LOCATION

UNION MEMORIAL HOSPITAL

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN Md Nat Mem Park Laurel

COUNTY STATE Ma

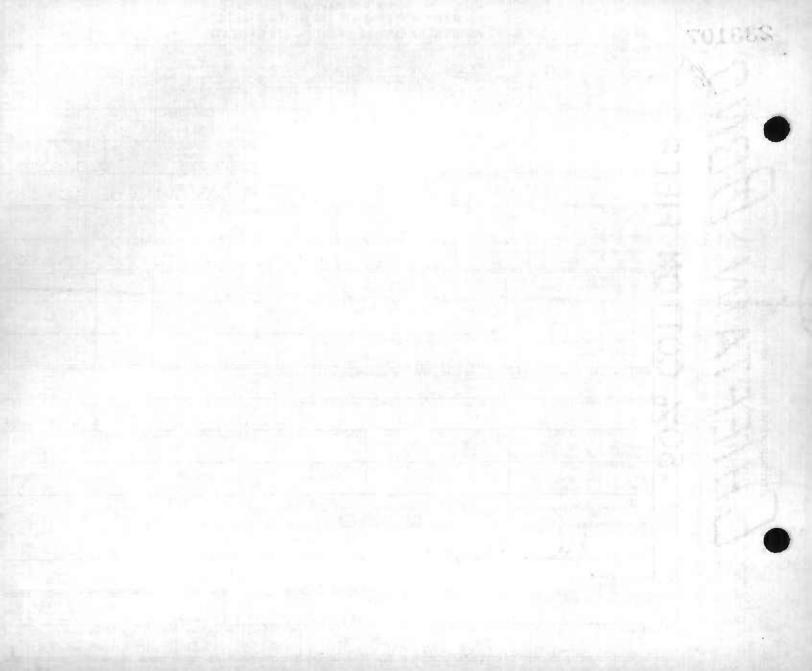
24 FUNERAL DIRECTOR

William C. March F/H 1101 E. North Ave

DEGREE

250 DATE REC D BY REGISTRAR 256 REGISTRAR'S SIGNAD RELIED

		1.	FOR			EPARI	STATEMENT OF		ARYLAN AND ME		IYGIENE		_			Ma	
2:	33107	1-	STATE REGISTRAR				EXAMIN			(3)	F DEA		REG.	NO.	5	2	
	V	1. DE	CEASED NAME	FIRST	VE	MIDDLE		100	LAST		7	a DATE	KNOWN	MON	TH DAY	YEAR	26 HOU
	2 8 8 8 E		CORPRINT	DANIEI	WEB	STER		BLA	NKENS	нтр		OF DEATH	ESTI- MATED	× 8	14	19 85	
	PLEASE NECTOR FILES. STREET.	3. SEX	4 RAC	E	5. DATE OF BIRTH	YEAR	6. AGE (IN YE.	ARS IF UN	DER 1 YR.	IF UNDER	24 HRS 2	RONOU	E	MON	H DAY	YEAR	2d HOL
	S S S S S S S S S S S S S S S S S S S	MA	LE WH	ITE	DEC. 09 1		62 YF	MOINT	DAYS	HOURS	MIN	DEA		8	14	19 85	5:4
	A SESTINATION OF THE STATE OF T	7a B	IRTHPLACE (STATE OR DREIGN COUNTRY)		76 CITIZEN OF WH	IAT COU	NTRY?	8. MARRI	ED NEV	ER MARRI	IED 🗆	9. BALTIA	MORE CIT	Y OR COL	JNTY OF	DEATH	
•	DAS FED	MA	RYLAND		U.S.A.			WIDOW		DIVORC			timor				M
1	記書は日本の	10 C	ITY OR TOWN OF DE	ATH	11. NAME OF HOS	PITAL, NU	JRSING HOME STREET ADDRESS)	, OR OTH	ER INSTITUT	ION	12a USU. FOR M	AL OCCU	JPATION	TYPE OF WO	RK 12b K	CIND OF BU OR INDUSTI	ISINESS RY
	SEE PAR		Baltimore		1912 Ca					201	BRIC	KLAY	ER		CON	STRUC	TION.
21201	\$849835	13a S	AL RESIDENCE (IF IN NU TATE CYLAND	136 COUNT		13€. CIT	e before admissi y or town PIMORE	ON)	13d. INSIDE CIT	TY LIMITS?	13e. STRE 1912	ET ADDR	ess sadel	Aver	nue 2	21230	
8	E-183 -		ATHER'S NAME		MIDDLE				15. MOTHER	R'S MAIDE	NNAME						
14	35-2500		William			3.1 ank	kenship		Ca	ather	ine	'	MIDDLE		Lut	cts	
IMO	NO SA		WAS DECEASED EVER	IN U.S. ARM		16b. SO	CIAL SECURIT	Y NO.	17 INFORM				ADDR				
ALT	B. GIVE WITH F WITH P DIVISIO		YES	1	WII	219	-18-21	69	Danie	el J.	Ripp	peto	e 773	4 Not	cley	Rd.2	1122
NST.			18 CAUSE OF DEAT PART I DEATH W		y ane cause per line BY: E CAUSE (a) Ale										8E	APPROXIMATE TWEEN ONSE	E INTERVAL T AND DE AT
RESTO	AND SA ALON SIT PE HYGIE		Canditions, if		DUE TO, OR	AS A CO	NSEQUENCE (OF					74.5			100	
RECORDS, 201 W. PRESTON ST	XECUTED WITHIN 24 HOI JG. IN PENCIL IN ITEM 1 AL EXAMINER ALONG BURIAL TRANSIT PERMI AND MENTAL HYGIENE, ATION, OR REMOVAL		gave rise to cause (a) stating lying cause last	immediate g the under-	DUE TO, OR	AS A CO	NSEOUENCE (OF.	i i								- 68
RDS, 2	SHOULD BE EXECUTED SPE "PENDING" IN PECHIEF MEDICAL EXAM. EL USED AS A BURIAL." OF HEALTH AND MEDICAL CREMATION, CLARA		PART 2 OTHER SIGNIFICAN	IT CONDITIONS C	ONTRIRUTING TO DEATH I	RUT NOT REL	ATED TO THE TERM	INAL DISEASE	OR CONDITION	I GIVEN IN PAI	RT 1 (a)						
Si C	ASA ASA CRE	CERTIFICATION						as 2									
A L	HOULD RD "PE HIEF A USED OF HE	₹ ŏ	190. DATE OF OPER	ATION	196 CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFORA	MED?					20	AUTOPSY3	?
>	NA CAR	1 2	2) a EXTERNAL CAU	SEWAS	21b. TIME OF	INITIDY		121. HC	W INJURY (OCCUPPE	D. SAUSSAN					YES 🗌	NOX
DIVISION OF VITAL	THE ATTHE ARTINE ARTINE		UNDERLYING CONTRIBUTING	OR CAUSE OF D	HOUR A.M.	MONTH	DAY YEAR	271.110	AA HAJOK I (OCCURRE	D JENIER N.	ATORE OF IN	AJUNT IN HEW	(ISPANI I O	(PARI 2)		
DIVISI	R: THIS CERTIFICATE SHE NEWARDED TO THE CH RWARDED TO THE CH RE PAGE 3 SHOULD BE U E STATE DEPARTMENT O D. 21201 PRIOR TO BUR	MEDICAL	WHILE NOT AT WORK	WHILE -	2) PLACE C STREET, FACT				CATION			CITY OR TO	OWN		COUNTY		STATE
	FR. TATE, VATE, VATE, VATE, VATE, VATE, VATE, VATE, PATE, PATE, PATE, VATE, VA		22a. I certify that		e af the remains desc	ribed ab	ave, held an	Autops	у 🔲 .	Inspection	n X.	Inquiry		and in my	apinian		
	SHE BE		death resulted from	n: Nature	al causes X,	Accident	L, Su	icide 🔲	Hamici	ide .	Undete	rmined m	onner],			
	AL EX HE GER HOULD VITH, WI E. MAR		ACTUAL SIGNATURE	N	Q.T	<u> </u>		M.	TITLE (SP		MEDIC	CAL EXA	MINER	DA	TE SNED_	8-15-	85
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFFER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	+	EXAMINER'S NAME (TYPE OR PRINT)	Ann	M. Dixon	, M.I	٥.		ADDRESS	111 F	Penn :	st.,	Balt	0.,	MD :	21201	
	DAY DAY	23a.B	URIAL, CREMATION, F	REMOVAL 23	b. DATE	23c.	NAME OF CEA	METERY OF	CREMATO	RY	CITY O	CATION			OUNTY	57	TATE
07/B4 25M	BP		Buri	ial	8/17/85]	Loudon				Bal	timo				Mary	land
2 31AL	DHMH - 17	74 F	UNERAL DIRECTOR		ADDRESS			1229		50. DATE, R	REC'D. BY	REGISTRA		a Car		TURE	
	(VR A15 ME (5))	TT.	bhard Fund	aral II	omo Inc	110	7 Wille	ne At	70		2 4	100	111.000	- BOULLY	alloy-	Grana 3	Wy.



injury, ar ather traumatic event, the

IMPORTANT: If them 21 is marked or her 17th the vs any

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE CERTIFICATE OF DEATH

La	2	1	5.3	100	
~	Gias	2	1	200	
	REG. NO.				- 40

4		REGISTRAR						REG.	NO.			113	
1		CEASED NAME FIRST		MIDDLE		TZA		20 DATE OF DEATH		DAY YEA	1 4 10	. HOUR	
1	[I YPE	SHIK	CLEY	ANN	13	BLEY			08	06 85	5 1	6-23	SAM
1	3 SE)	X	4 RACE		5. DATE C			6. AGE (IN YEARS LAST	BIRTHDAY	IF UNDER 1 Y		UNDER 2	
		Temale	CAUC	ASIAN	O 6		1935	50	y · YRS	MONTHS. DA	15 H	OURS	MIN.
9	70 BII	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	B.	D NEVER A	AARRIED T	9 BALTIMORE CITY	OR COUN	TY OF DEATH	1		
2		°Virginia	USA		WIDOWE		ORCED K	Baltimo	re C	ity			MD
	Ba.	ltimore City	St.	0	ADDRESS)		TITUTION	126 USUAL OCCUPA (TYPE OF WORK FOR MOS Retired	TOF WORKING		RY		SOR
5	13a. S	AL RESIDENCE (IF NURSING HIME OF		Baltin	/N	136 INSIDE C	ITY LIMITS?	130 STREET ADDRESS 642 Sun	set S	Strip	21	225	
2		Joseph	WIDDLE	Temple			MAIDEN NA	WE		Ca	en	sha	W
5		WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	JRITY NO.	17 INFORMA	NT	ADD	RESS				18
4		YES NO OR UNKNOWN) (1F YES, GIV	E WAR OR DATES)	213-32-	-3505	Lawı	cence	Anderson	San	ne AS	#1	3	
	NO	Conditions, if ony, which gove rise to immediate cause to stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, O	R AS A CONSEOU R AS A CONSEOU Churin ONTRIBUTING TO	ence of Obst	bury Eurture NOT RELATED	bung TO THE TERM	Disease.	INDITION G	GIVEN IN PAR	110		
4	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	IN CERT	ES, WERE FIN TIFYING CAU YES []	SES OF		1?
1	MEDICAL CER	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE- (18 EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WMILE NOT WHILE AT WORK AT WORK	HOUR A. R) P. 21e PLACE	M. MONTH D M.	19	211 LOCATIO STREET		RED {ENTER NATURE OF IN		8 PART I OR PART	2)	517	ATE
,		270. I certify that (1) (this hosp sow the deceased alive an above. (1) (we) (did) (did no 27th SIGNATURE	R /	06 19	8501	DEGREE A	TTENDING PHYSICIAN		AFF	22c. D.	the cou		ed
	23a R	LATHA A		PILLAI	NAME OF C	EMETERY OR (D Y C	123d LOCATION	Kirlle	, m),	212	456	
	1	Burial	8-9-					CITY OR TOWN	1k 1 750	COUNTY		ST	MD

DHMH - 16 60M 7/B4

(VRA 15, 4)

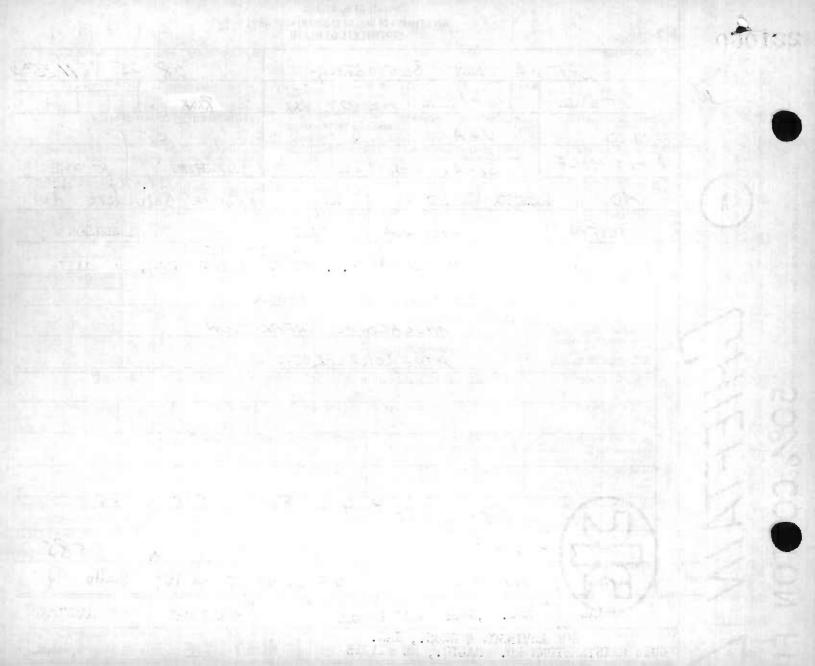
BP.

McCully Funeral Home 2027 Patansco

250 DATE RECD. BY REGISTRAR 250. REGISTRAR'S SIGNATURE - curason-literaters

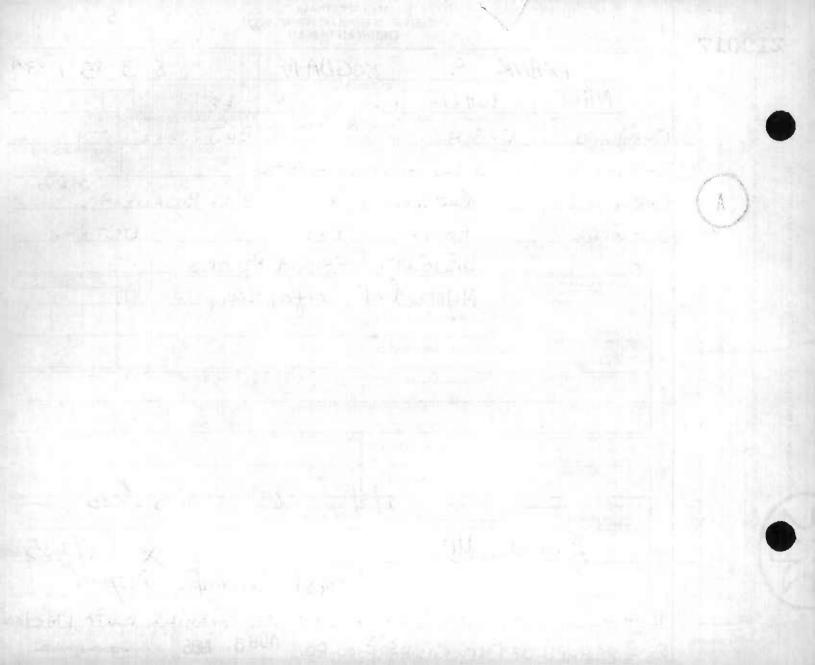
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS FOR - STATE 221060 CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) RERTHA TOBYE 4. RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 1900 **EMALE** XXX To BIRTHPLACE I STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY 175 A MARYLAND WIDOWED X DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IS CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWING AT HOME USUAL RESIDENCE | IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 13e. STREET ADDRESS BALTIMORE YES TXX 2500 NO 4. FATHER'S NAME MIDDLE MIDDLE MENDELSON MARY OLLACK 17. INFORMANT WILLIAM RAFFERESS IN U.S. ARMED FORCES? NO P.O. BOX 671 OWINGS MILLS, MD 21117 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I, DEATH WAS CAUSED BY: CALDIO S-ENIC SHOCK IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF INFARCTION. MYOCARDIAL Canditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF ATHEROSCR LEROSIS. underlying cause lost. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 28s. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH 19 I IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body ofter death. 226 SIGNATURE DEGREE MEDICAL ATTENDING STAFF should be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e. ADDRESS 109. 0 230. BURIAL, CREMATION, REMOVAL ISPECIFY) BURIAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BALTIMORE COUNTY MARYLAND AUG. 6,1985 BNAI ISRAEL BP 24. FUNERAL DIRECTOR INC. 250. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE SOL LEVINSON & BROS. DHMH - 16 50M 4/82 mountaion- Handell 6010 REISTERSTOWN RD. BALTO., MD 21215

(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR . DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) EH NERAL DIRECTOR.
E FOR YOUR FILES.
E VITHIN 72 HOURS
PRESTON STREET, 8/ Edward Blunt DEATH MATED Norman 1985 4 RACE MANTE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c DATE LAST BIRTHDAY) PRONOUNCED MXX 17,1921 Male White 64 YRS 12/19 85 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED X FOREIGN COUNTRY) Maryland U.S.A. DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY 524 N. Charles St. Layout man Art Litho Baltimore 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13b. COUNTY NO | 524 N. Charles St. 21201 Maryland Baltimore YES X 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME WITH FORM PM T. PAGES 1 AND 2 DIVISION OF VITA MIDDLE LAST FIRST Blunt John Litzau Augusta 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Bel ATT, Md. 21014 (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WW II 219-01-6885A Ruth N. Walz. 3 N. Reed St. Yes APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CATE, WRITING THE WORD "PENDING"
FORWARDED TO THE CHIEF MEDICAL
OR: PAGE 3 SHOULD BE USED AS A BU
THE STATE DEPARTMENT OF HEALTH AN
AND, 21201 PRIÇR TO BURIAL, CREMAT PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. CERTIFICATION 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f LOCATION 21d, INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STATE CITY OF TOWN COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH WITH THE STY BALTIMORE, MARYLAND, 2" Inspection X 22s I certify that I took charge of the remains described above, held an Autopsy and in my opinion Homicide Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 8/12/85 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St 23c. NAME OF CEMETERY OR CREMATORY Glen Burnie, A.A., Glen Haven Aug.16,1985 Burial BP 250. DATE REC'D. BY REGISTRAR ROBERT C. ALTENBURG EUNERAL HOME, INC. **DHMH** - 17 6009 Harford Rd., Balto., Md. 21214 (VR A15 ME (5)) 20M 4/B2

S. G. H. L.



FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

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2		3	2	1

		REGISTRAR		CERTI	ICAIL OI D	ATTI	REG. N	0.						
9		ECEASED NAME FIRST MIDDLE			AST	147	20 DATE OF DEATH	HTMOM	DAY	YEAR	26 HOUR			
	(ITPE	Ina	M.	B	ooker			8	6	82	4:36	AM		
	3 SEX		4 RACE	5. DATE C			6. AGE (IN YEARS LAST BI	THDAY)		DERTYEAR	IF UNDER 24 H	765.27		
1		Female	Whit		31	18	67	YRS	_		HOURS	A IN		
1			TE CITIZEN OF WHAT CO	UNTRY? 8	NEVER M	ARRIED -	9. BALTIMORE CITY			PEATH				
2		Trginia	USA	WIDOWE	D DN	ORCED [Baltimor		V			MD.		
100	E	Baltimore	South Ba	I timore	Genera		TYPE OF WORK FOR MOST HOUSEWI.	OF WORKING	LIFE) IN	DUSTRY	estic	OR		
2	13a. S	ALRESIDENCE (IF NURSING HOME OR OF STATE 136 COUN	TY I3c CITY	OR TOWN	- Land	NOL	1359FE2ADBESS	/FR19	7h 1	lve.	2122	25		
	V	Julian	~	ewis	15 MOTHER'S	MAIDEN NAM	MEDDLE MEDDLE			LAS	ī			
,		WAS DECEASED EVER IN U.S. ARM		AL SECURITY NO.	17 INFORMAN	IT	ADDR	ESS						
		YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 213-	20-2616	Gord	on Boo	oker Same	: As	#13	3				
-		18. CAUSE OF DEATH (Enter onl	y ane couse per line for to), (b) and (c)			1			BETWEEN	MATE INTERVAL	тн		
		PART I. DEATH WAS CAUSED	E CAUSE (a)Cor	diopuln	ronary	arre	d							
		Canditians, if any, which gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF DUETO, OR AS A CONSEQUENCE OF												
1														
		underlying cause last	DUE TO, OR AS A CO	Pulmon	ary En	mboli	Sm.							
		PART 2 OTHER SIGNIFICANT C	10			O THE TERMI	NAI DISEASE OR CON	IDITION G	IVENIN	J PART I		_		
	NO													
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFOR	MED	20a AUTOPSY?	20h IF Y IN CERT	ES, WER	RE FINDING CAUSES	OF DEATH?			
4	RTI				1		YES NO		YES		NO 🗌			
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL	116 TIME OF INJURY	TH DAY YEAR	21c. HOW INJ	URY OCCURRI	ED (ENTER NATURE OF INJU	IRY IN ITEM 18	B PARTIC	OR PART 2)				
1	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER)		19			tion of the same							
	MEDICAL	21d INJURY OCCURRED	218 PLACE OF INJURY	r, OFFICE FARM ETC)	211. LOCATIO STREET	N	CITY OR TO	OWN	C	YINUO	STATE	E		
	-	AT WORK NOT WHILE		de			ch							
	100	220.1 certify that N (this haspit		d from 016		. 19_83			. 19	87	that (It (we)	lost		
		sow the deceased alive on abave, (I) (we) (did) (did nat	view the body after deat	h. 19 5, an	nd that in (my) (aur) apınıan d	leath accurred an the d	ate and h	our ond	Iram the	causes stated	9		
		226 SIGNATURE	Tubub -		DEGREE					22c. DATE	SIGNED			
,		13	Maria			TENDING HYSICIAN	MEDICAL STA			876	185			
		22d, PHYSICIAN	FENG	PAT.	22e ADDRESS		GH.							
	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE	23t. NAME OF C	EMETERY OR C	REMATORY	23d LOCATION					=		
	(Burial	8-8-85	Cedar		Cemete	ery Brook	lyn	A.	A -	STATE	سان		
	24 FT	McCultive Funer	al Home 27		tapsco	24 BATE	RECID. BY REGIS RA	700	STRARS	SIGNAT	URÉ			
	· î	NAME J TOL	al Home 23	More, M	d. 212	25		0						

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by this should be detached for use as the burial-tronsit permit. Then pleose retwith the State Dept. of Health and Mental Hygiene prior to burial, crem m 21 is morked or Item 18 shows ony

offending physicion

IMPORTANT: If the

requires that the deoth

ENDING PHYSICIAN The law

retained by the hospital or attending physician.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

1	2		76	8
2	1	7	5	8

		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	D.		
		CEASED NAME FIRST Theodo	re E		Booth	26 DATE OF DEATH	8-8	YEAR - 85	26 HOUR 6: 20Am
	3. SE)	Male	BIACK	S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR	MONI	HS DAYS	IF UNDER 24 HRS HOURS MIN.
3		RTHPLACE (STATE OR FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTR	Y? 8	D NEVER MARRIED	Ballimore CITY O		DEATH City	MD.
5	10 CI	TY OR TOWN OF DEATH 11	NAME OF HOSPITAL, NURS	SING HOME C EET ADDRESS)	or other institution	12a USUAL OCCUPATE (1YPE OF WORK FOR MOST O		26. KIND O NOUSTRY	F BUSINESS OR
5	13a S	AL RESIDENCE (IF NURSING HOME OR OTH TATE 13b COUNTY	13c CITY OR TO	OWN ONE	YES NO	1706 E.O	ZIP CODE	Stie	21213
C	-	Theodore VAS DECEASED EVER IN U.S. ARME	B00	th.	15. MOTHER'S MAIDEN NAM	MIGDLE	5	SHOR	24
		YES WIN	10. II 216-14	-4864	vons. Gladys		406 Cm	anda	ile Rd.
		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE C	Franks		Cancer/ESOPH	IAGEAL CAI	NCER	BETWEEN	ONSET AND DEATH
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTION OR AS A CONSECUTION OF A CONSECU			N	-0		
	NO	PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERMI	nal disease or con	DITION GIVEN	N PART 110	a ·
2	CERTIFICATION	196. DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	YES NOX	206. IF YES, WIN CERTIFYING		
7		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I	OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	CE, FARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		Ma. I certify that (I) this hospital sow the deceased glive on above, (I) (we) (did) (did nation	HOUS To deseased from	85 an	nd that in (my (our) opinion d	, ta AUGUST eath accurred an the do			that (1) (we) ast causes stated
		276. SIGNATURE Richa	11710		MD ATTENDING PHYSICIAN	MEDICAL STAR	IAN	8/8	185
		27d. PHYSICIAN'S NAME (TYPE OR PR Richard T	. Jones		Church Hos	p. balti	DWAY 2	1231	
	23a B	BUNIAL CREMATION, REMOVAL	236 DATE 23 8-12-85	Pubut	US MENDENS	BALLIM	one	UNTY	rod i

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and c should be detached for usages the buriol-transit permit. Then please remove carbon popers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Item 21 is morked ar Item 18 shows ony

injury, or other troumatic event, the medical

DHMH - 16 60M 7/84

(VRA 15, 4)

Randolphy Callick 24316. Oliver St.

AUG 1 3 1985 Thai Day Lond

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Levist Sire Hiberry Wernsch Lehrer Control

	1			STATE OF MARYLAND	1	
248060	11	OR VATE	DEPARTI	MENT OF HEALTH AND MENTA		1 9 5 9
W#0000	1	GIGMAR	{	CERTIFICATE OF DEATH	REG, N	0
12 10 10 Y 10 01	I. DE	CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26 HOUR
0 2 m £	1 (4	V 00 1	1		08	3185
poge 3	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE IN YEARS LAST BIR	
offer p	J. 5E	. A. L		MONTH DAY YEA		MONTHS DAYS HOURS MINL
3 6 6 7		Male	White	101 091	4 +1	YRS.
P of of		RTHPLACE (STATE OR FOREIGN	TO CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIE	D	OR COUNTY OF DEATH
1 25 25 E		Balto. Md.	U.S.A.	WIDOWED DIVORCE	Baltin	rore (itu MD
d within	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTIO		114. 111. 10 01 00011 1200 011
情镜影	6	Baltonore	I IF NOT IN SUCH FACILITY, GIVE STREET	HOLKE M.	Balto. it	ty Walter Dept-Retire
lin by the be filed			OTHER INSTITUTION, GIVE RESIDENCE BEFORE		<u></u>	212211
		STATE, 136 COUR	NTY 13c. CITY OR TOW	'N 13d INSIDE CITY LIM	_ / / /	ZIP CODE 2/224
		Md.	Baltono	YES NO		Douldin Street
air 2	14. E/	ATHER'S NAME FIRST HERMAN BO	MIDPLE LAST	15. MOTHER'S MAID		LAST
on be de					Herrietta Radk	e
nond on hedicol	16a. \	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 714 03		4/7	N. Bouldin Street
Pog Pog		YES NO OR UNKNOWN] (IF YES, GIV	214 03	4065 Donothy A	. Borkman Bal	140 MJ -21221
are b sicio sers.		I& CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b), an	d (c).1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ifico phy mov went		PART I. DEATH WAS CAUSE	ED BY TE CAUSE (o)			36 hrs
renting rhour recting		IMMEDIA				
deoth deoth control of the co		Conditions, if any, which	DUE TO, OR AS A CONSEOU	intelles to dest	al Asta	
mov motive		gove rise to immediate			12/10	
by th		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	ENCE OF	0 40 0 6	
gned by in please burial, cr			(c) g(obab	Ce introduce	as ruismos	3
sign hen p jury,	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT KELATED TO TH	E TERMINAL DISEASE OR CON	DITION GIVEN IN PART 116
	CERTIFICATION	A DAYS OF COST ATION	Ton CONDITION FOR MUCH	OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED
no been in bee	Ş	190 DATE OF OPERATION	A 1	1 1	Zud Autopst:	IN CERTIFYING CAUSES OF DEATH?
40 - 0 0 /	Ē	8130/82		cholus	YES NO	YES NO
7 × 00 × 00 /)		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	LIGHT A AA AACAITH D	AY YEAR 21c. HOW INJURY C	OCCURRED (ENTER NATURE OF INJU	IRY IN ITEM TE PART I OR PART 2)
SICIAN: 19 physic certificat riol-tron entol Hy. Item 18 s	N N	LIF EITHER, NOTIFY MEDICAL EXAMINE	AIR	19		
HYS ndin din or bur or	MEDICAL	216 INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION STREET	CITY OR TO	OWN COUNTY STATE
S the	2	WHITE NOT WHITE	TAL HOME, SIREET, FACTORY, OFFICE, I	ARM, ETC.)	0.4	0 =
Aff of the month o		22a. certify that (I) (this hosp	ital) attended the deceased from_	8/30/85 19		19 35, tha (1) (we) lost
TEN Sitol Of He		sow the deceased alive or	0 43 19	85, and that in (my) (our) o	pinion death occurred on the d	lote and hour and from the causes stated
OR AT DIREC Doched f f frem of	10	22b. SIGNATURE	ot) view the body after death.	DEGREE		226. DATE SIGNED
1 + 60			1151.6	ATTEND		
VERAL VERAL Des deter	1	22 A PHYSICIAN'S NAME (IVPE	Day Male	22e ADDRESS	IAN DIRECTOR PHYSIC	TIAN 1 0 1 -1 18
HOSPITAL ined by the FUNERAL build be dett h the State		1 4 1	D.ACT. DAG	11.5	(() ()	16 (16 16
TO HOSPITAL TO FUNERAL should be de		dittugusto	BASTIDAS	400	en of Jurgery	TOWN HODKIN HOID
F 6 7 7 5	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMA	TORY 23d LOCATION	COUNTY STATE
BP		(SPECIFY Burial	9-4-85 90	rdens of Faith	Cem Balto	Md.
DHMH - 16 50M 4/83	14 1		- CLIF D. I ADDRESS O	21 21206	OFD	256. REGISTRAR'S SIGNATURE
(VRA 15, 4)	10	ohn". Miller I	nc-6415 Belain 1	a21200	SEP 3 1985	Julia Davidson-Mandelle

Sections Site as a safe, Tita a tex mark which The state of the s tonories a comment of the control of the maless o mil en entire de FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE

1	1	REGISTRAR		CERTIF	ICATE OF D	EATH	REG. NO				
		CEASED NAME FIRST	MIDDLE	i.	AST				DAY	YEAR	2b. HOUR
16	(1172	Florence		Bo	st		STILL THE	8	9	85	3: 30 A. M
	3. SEX	(4 RACE	5. DATE C	FBIRTH		6. AGE (IN YEARS LAST BIRT	HDAYI	IF UNDE	RIYEAR	IF UNDER 24 HRS
	F	emale	Black	MONTH 11	10	16	6	8 YRS.	MONTHS	DAYS	HOURS MIN
8.		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	D NEVER M	ADDIED [9 BALTIMORE CITY O		Y OF DE	ATH	
2		irginia	u. s. A.	WIDOWE		ORCED	Baltimore	cita	1		MD.
		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME C		ITUTION	12g. USUAL OCCUPATION OF WORK FOR MOST O	ON	12b.	KIND O USTRY	F BUSINESS OR
20	B	altimore	2026 Linden AVE.				Domestic	WORKING LI	IFE) IND	USIKI	
35	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 13b COUN aryland	OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 130 CITY OR TOW Baltimor	N	13d. INSIDE CI	TY LIMITS?	13e STREET ADDRESS 2026 Linde	n Aue	2.2	.12	17
	14 FA	THER'S NAME	MIDDLE LAST	0.70		MAIDEN NAM	VE WIDDLE		170	LAS	T
20	J	ames	Blackwel	ee	Hanne			- 73	Po	rke	
1	160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	IRITY NO.	17 INFORMA	NT	ADDRE	SS			177
-	Ň		215-24	4-7969	Virgi	nia Bos.	t 2026 Lina	en Au	ie.	44.	11112
		PART I. DEATH WAS CAUSE	nly one couse per line for (g), (b), one D BY:	dici.	40 Care	del	In fores	in	- 6	APPROXI ETWEEN (MATE INTERVAL ONSET AND DEATH
10			DUE TO, OR AS A CONSEQUE	NCE OF							
		Conditions, if ony, which	(b)							12	
		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	ENCE OF				43			
		PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CON	DITIONGI	VENINF	ART 1(c)
	NO N	Cerebro	vasculas A	con	lent						
9	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	IN CERTI	S, WERE	FINDIN	OF DEATH?
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	21c. HOW IN	JURY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 1B.	PART 1 OR I	PART 2)	The sale
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATIO	N	City or tow	IN	COU	NTY	STATE
		saw the deceased alive on	tol) ottended the deceosed from	5 , or	nd that in (my)	. 195 (our) opinion d	eoth occurred on the do	te and hou	19 <u> </u>	1	that (I) (we) lost couses stated
	-	22b. SIGNATURE	7 yew me body oner beom.		DEGREE	The Contract of			220	. DALE	SIGNED
		4	Tun		A F	TTENDING PHYSICIAN	MEDICAL STAF			0/1	12
1		22d. PHYSICIAN'S NAME (TYPEO	R PRINT)		22e. ADDRES	S					
	23a B	URIAL, CREMATION, REMOVAL			EMETERY OR C		23d. LOCATION CITY OR TOWN	71 ==	COUNTY		STATE
		Burial	8-13-85 MD	Nat'l	Memor	ial Pari		100	Mar.	Ma	ryland
	24 FI	INFRAL DIRECTOR				250 DATE	REC'D BY REGISTRAR	25h REGIS	TRAP'S S	IGNAT	IDE

BP.

TO HOSPITAL

DHMH - 16 50M 7/77 (VR A 15 (4))

Bailey-Douglass Funeral Home 1348 N. Calhoun St. AUG 1 4 1985

ha Varidson-Randoll

and the residence of the last of the party of 1 1 1 1 . . .

4300 Wabash Avenue

wie Laurdson

24 FUNERAL DIRECTOR

Wm Cm March F.H.

DHMH - 16 60M 7/84 (VRA 15, 4)

The state of the s

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN

2 1 9 6 2

-	1.	FOR STATE REGISTRAR Augustus	Frankli			HEALTH AND MENTAL HIVE	GIEND 2	1 9	6 2	
		CEASED NAME FIRST E OR PRINT)		F.		LCHOT	REG. N	MONTH DA	9 /85	26. HOUR 0/
	3. SE:	x	4 RACE		5. DATE (6. AGE (IN YEARS LAST BI		FUNDER I YEAR	IF UNDER 24 HRS
0	70 BI	Male	Whi	te	7	15 1899	86	YRS		
5	74 51	COUNTRY) Maryland	U.S		MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	imore C		
7		ITY OR TOWN OF DEATH	11. NAME OF		IG HOME (OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION OF WORKING LIFE)	12b. KIND OF	BUSINESS OR
4		altimore AL RESIDENCE (IF NURSING HOME OF		an Hospit			B.& O. R	ailroad	Ret. S	Sheet Meta
5	13a. S Ma	ryland howa	YTY	13c CITY OR TOW Ellicott	N	13d INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS 8532 High	ZIP CODE Ridge		21043 licott Cit
2	4. FA	ATHER'S NAME August	WIDDLE	Bouchat		15 MOTHER'S MAIDEN NA Mary	WE		Braunle	ein
2		VAS DECEASED EVER IN U.S. AR YES NOOR UNKNOWN) (IF YES GIV WW	MED FORCES? E WAR OR DATES)	705-03-9		17 INFORMANT Charles McMar	ADDR nus 602 Bri			1225 Md.
		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	ly one couse per D BY: E CAUSE (a)	Septi	(Sh	vek			APPROXIM BETWEEN OF	NATE INTERVAL NSET AND DEATH
	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT OF THE SIGNIFICANT OF T	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION GIVE	N IN PART 110	
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING ING CAUSES (GS USED OF DEATH?
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER	TH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR		_		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY EET, FACTORY, OFFICE, F.	ARM, ETC)	211 LOCATION STREET	CITY OR TO	NWN	COUNTY	STATE
		220.1 certify that (I) (this hospi saw the deceosed alive on above, (I) (we) (did) (did no	11016	10 %	06	126 19 25 and that in (my) (our) apinion	death occurred on the d	ate and hour o		nat (I) (we) last auses stated
,		226. SIGNATURE THE TOP OF THE STATE OF THE	iong	_	n	DEGREE ATTENDING PHYSICIAN [122e ADDRESS	MEDICAL STA	TIAN A	8/2	9185
		BICH T	DUON	G		WTHER!	AN HOS	Baltimo	re, Md	
	23a B	Burial Burial	9/3/8.			EMETERY OR CREMATORY hedral Cemete	4	Ma	ryland	STATE
	化 16:	royamM. Russel 30 Edmondson Av	l C. Wit	tzke Fune atonsvill	ral H e, Md	omes P.A. 250 SEL	P 3 BY REGISTRAR	25b. REGISTRA	R'S SIGNATO	House.

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

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HEALTH	AND A	AENT
Π		EALTH AND A

TAL HYGIENES

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242057	1.	STATE REGISTRAR	CERTIFICATE OF DEATH								
oy be deoth deoth		CEASED NAME FIRST CAUCK	lia R. B	rowen	82185 0	-21-8/37	7:00 P				
E d office of the second of th			4. RACE B S. DATE C		AGE (IN YEARS LAS COMP)		UNDER 24 HRS				
of Contract of the Contract of		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY OF						
10 (Th 12	2	40	US A WIDOWE	DIVORCED	Balt:		MD.				
1 de lee		Saltamore	11. NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF		SINESSOR				
24 hour filled in ould be in	USU.	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	134 INSIDE CITY LIMITS? YES M NO	13. STREET ADDRESS /	ZIP CODE	11215				
mpletely ond 2 sh	14 FA	THER'S NAME RIPST	ROWS S	15. MOTHER'S MAIDENNA/		mc Elast	وو				
nd co		VAS DECEASED EVER IN U.S. AF		17 INFORMANT	ADDRES						
S. Poor		NO	N/A	Celia Ree	d 5368	Cuthbert	Ave.				
rificate physical angoper emavol.		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b) pper (c ED BY: TE CAUSE (o)	unary !	Elewa	APPROXIMATE BETWEEN ONSE	INTERVAL I AND DEATH				
th cer nding corbo			DUE TO, OR AS A CONSEQUENCE OF	-10	0. 0	1					
by the atter by the atter ase remove: I, cremotian ather troum		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	Truge	jevas	History					
equires to signed Then plen r to burno injury, or	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH OUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PART 110					
an. hos bee t permit ene prio	TIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES \(\subsetence \) N					
SICIAN: Tog physici og physici certificate rial-transi ental Hyg item 18 sh	ICAL CERTI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	Y IN ITEM 18 PART 1 OR PART 2)					
the bur the bu	MEDIC	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	OUNTY COUNTY	STATE				
VDING or or o		22a. I certify that (I) (this hosp	ital) and ded the deceased from	19 19 85	, to 8 / &	10.8T , that	(I) (we) lost				
Spital Spital Spital Spital I far uf H		saw the deceased alive or above, (I) (we) Nidi (did no	at view the body after death. 19	d that in (my) (our) opinion i	deoth occurred on the do	te and hour and from the cous	es stated				
ALOR ALDIREGEOCHED		22b SIGNATURE	Con	ATTENDING PHYSICIAN	MEDICAL STAF		21/8-				
TO HOSPITAL retoined by th TO FUNERAL should be dete with the State IMPORTANT: I		220 PHYSICIAN'S NAME (TYPE OF	BELTRAN	1270 ADDRESS 1940 W.B.	ALTIMOR	E ST. BALT	74086				
5 5 5 € 3 ₹	23a 8	BURIAL, CREMATION, REMOVAL	1	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE				
BP		Burial	8/26/85 King	men. Pk.	Balte	, Co.	m 0				
DHMH - 16 60M 7/84		UNERAL DIRECTOR	ADDRESS AS A	The same of the sa	A	56 REGISTRAR'S SIGNATURE					
(VRA 15, 4)	IW	m. C. march	(C/H 1101 E. NO	4th Ave All	1623 1085	- in Doing son- Hang	المال				

24	12	201	
	pe	director, page 3	
	ecuted within 24 hours ofter death. Page 4 may be	pog r de	
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B	1.05/	REGISTRAR	F-04.5		WIDDLE		AST OF	DEATH	2a. DATE OF	REG. NO.	ONTH I	DAY YEAR	1
1		OR PRINT)	FIRST		DOC TOPO				Za. DATE OF	DEATH M	DAIH I	DAT TEAK	2b HOUR
X			DWAR		H. BOWERS				AUGUS		1985		9:00 R
7	3 SE)				3	S. DATE C		, YEAR	AGE INV	ARS LAST BIRTHE		MONTHS DAYS	HOURS MIN.
1 1	/	MALE WHITE				7	25	19	(00	YRS		
3 /		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTR	MARRIEI	BENEVER	MARRIED -	9 BALTIMO	RE CITY OR	COUNTY	OF DEATH	
	Maryland U.			U.S	S.A.	WIDOWE		NORCED	BALI	IMORE	CITY	7	MD.
1/1				11. NAME OF I	HOSPITAL, NUR		R OTHER IN	STITUTION		CCUPATION			F BUSINESS OR
76	B	ALTIMORE			AGNES HO				Polic				. County
7,0	USUA	AL RESIDENCE (# NURS	N COUN	OTHER INSTITUTION		FORE ADMISSION)	124 INICIDE	CITY LIMITS?	13e STREET A	DODESS / 7	ZIR CODE		
25		arvland		.A.	Pasade		YES T	NO X		Bay R		21122	
6	I4 FA	THER'S NAME					15 MOTHER	'S MAIDEN NAM	WE				
4	/	William		MIDDLE	LAST	Bowers	3.740	Kate		WIDDLE		Acker	man
h		VAS DECEASED EVER	IN U.S. AR	MED FORCES?	16b. SOCIAL SE		17 INFORM		TETOS.	ADDRESS	S		
1	- 11	YES, NO OR UNKNOWN)		WAR OR DATES)	213-18	7338	Nancy	Bowers	8443	Bay Ro	oad	21122	
1							ricarie	DONCED	0113	buy It	Juu		MATE INTERVAL DINSET AND DEATH
	99.5	PART I. DEATH W	AS CAUSE	D 8Y-		My	e al de	1 he	List.	Tim		BETWEEN	DNSET AND DEATH
			IMMEDIA1	E CAUSE (0)	100000	1	0	N	There	MINI	-		
				DUE TO, O	R AS A COMSEC	QUENCE OF	1.1.	6.	4		Du		
	101	Conditions, if ony, gove rise to imn		(b)	Man	was	ernu	Lac	Myr	aun	an		
		couse (o), statin		DUE TO, O	R AS A CONSEC	QUENCE OF							
	- 4			((c)									
	z	PART 2. OTHER SIGN	JIFICANT (CONDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATE	D TO THE TERM	IN AL DISEASI	E OR CONDI	TION GIV	EN IN PART 1	0
	CERTIFICATION			Tun coun		GI. 0858.TIG		0.000		DCV2	not IF WES		
1	ICA	19a DATE OF OPERAT	ION	196. COND	ITION FOR WHI	CH OPERATIO	N WAS PERF	ORMED	20a AUTO			YING CAUSES	
/_	RT						I and the second		YES 🗌	NOSK		S 🗌	NO 🗌
1		210 ACCIDENT WAS UND		216 TIME O	M. MONTH	DAY YEAR	21c HOW I	NJURY OCCURR	RED (ENTERNA	TURE OF INJURY	IN ITEM 18 P	ART I OR PART 2)	
1	CAI	LIF EITHER, NOTIFY MEDI			М.	19						No. No.	
1	MEDICAL	21d. INJURY OCCURE		21e PLACE		CE FARM, ETC)	211 LOCAT	ION		CITY OR TOWN	4	COUNTY	STATE
	~	WHILE NOT WHILE AT WORK AT WORK (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) STREET CITY OR TOWN											
		22a.1 certify that (1)		1	11	271	2. 7	19 84	, to	6/11		0	that (I) (we lost
		saw the decease above, (1) (we) (c	d olive on	t) view the body	ofter deoth.	0 4 , or	id that in (my) (our) opinion o	deoth occurre	d on the date	ond hou	ond from the	couses stated
		226. SIGNATURE	1	1			DEGREE	- 0	/			220 DATE	SIGNED
		Wills	unt				14	PHYSICIAN PHYSICIAN	MEDICAL	STAFF PHYSICIA	NO	8/	26/85
1		THE PHYSICAMISMA	WAS LEADING	a ribert			22e ADDRE	SS					
/		DR. GARA	Y				8651	FORT SI	MALLWO	OD ROA	D		
-		BURIAL, CREMATION,	REMOVAL	23b. DATE	23	NAME OF C	EMETERY OR	CREMATORY	23d LOCA				
		Crema:	tion	8/29/	/85 5	Securit	y Proc	ess	Cato	onsvil	le F	Balto.	Marylan
	24. FL	JNERAL DIRECTOR				21220			E REC'D. BY R	GISTRAR 25	b. REGIST	RAR'S SIGNAT	URE

STATE OF MARYLAND

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has be should be detoched for use as the burial-transit permit with the State Dept. of Health and Mental Hygiene price.

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVENUE

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

1	STATE REGISTRAR		DEI ANI	CERTIF	ICATE OF DEATH	REG. N	0.		la
	CEASED NAME FIRST	M	IDDLE		AST	2a. DATE OF DEATH	MONTH DA	Y YEAR	26. HOUR
	Denia	nin	H.	Pou	re st.	(000	185	3:30
3 SE	Male 1	4. RACE	ack	5. DATE O		6 AGE (IN YEARS LAST BIT		ONTHS DAYS	
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF V	VHAT COUNTRY	8. MARRIE	D X NEVER MARRIED	9. BALTIMORE CITY	R COUNTY	OF DEATH	
	MD		JSA	WIDOWE	D DIVORCED	Baltimor	e City		ME
	Baltimore	11. NAME OF H	ospital, Nursi Facility ove street L. Deat	NG HOME OF ADDRESS ME O	dical Cemter	(TYPE OF WORK FOR MOST O			OF BUSINESS OR
13a.	STATE 136 COL		Baltimo	VN	13d. INSIDE CITY LIMITS? YES ☑ NO ☐	13e STREET ADDRESS 1423 Holb		. 21	202
14. F	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE		LA	AST
	Benjamin		owie	Sr.	Clara			Hammo	nd
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, C	RMED FORCES?	166. SOCIAL SEC 213-38-		Clara Bowie	addr e 2019 Georg		entie	
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT With the seasons are the seasons ar	DUE TO, OR Ic) CONDITIONS CO	Nin	JENCE OF	CONCUE of LIN	AINAL DISEASE OR CON	20b. IF YES,	WERE FINDS	INGS USED
E						YES NO	YES		S OF DEATH?
MEDICAL CER	7] 0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	P.A	л. МОПТН D л.	AY YEAR	FIL HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	IT FOR PART 2)	
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STRE	OF INJURY SET, FACTORY, OFFICE,	FARM, ETC)	21f LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
	22a.1 certify that (I) (this has sow the deceased alive cobove, (I) (we 2) did) (did i	on not) view the body (19_		7 19 85 nd that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	death occurred on the d	FF /	/	that (I) we loss a couses stated E SIGNED
	AMES	SEN"	rs Mu	9	6115. Charle	es Street	Brethn	use	uld
23a.	BURIAL, CREMATION, REMOVA	8/16/8			emetery or crematory on Cem.	234 LOCATION Baltimo	re	COUNTY	STATE M

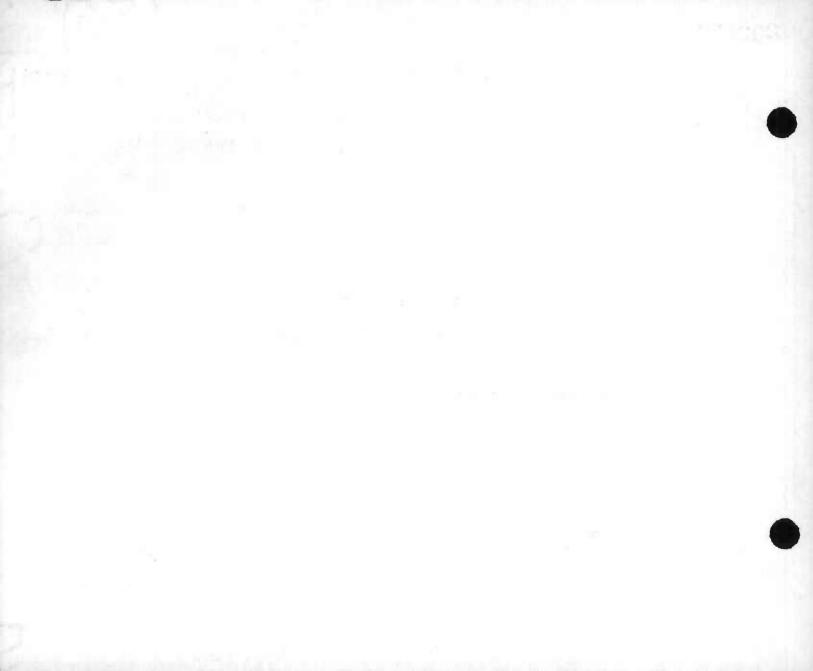
DHMH - 16 50M 4/83 (VRA 15, 4)

should be defached for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene priar to bur MPORTANT: If them 21 is morked or them 18 shaws any

> 24. FUNERAL DIRECTOR Wm. °C. March F/H 1101 E. North Ave.

BY REGISTRAR 25 REGISTRAR'S SIGNATURE

STATE MD



5150	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IEND 2 1	9 6 6
	PE OR PRINT) FRANK	L BC	PYCE, SR,	AUGUST 19, 198	2b HOUR 11:25pm
3 51	Male	White	5. DATE OF BIRTH MONTH - 13 - 32	6. AGE (IN YEARS LAST BIRTHDAY) 6. AGE (IN YEARS LAST BIRTHDAY) VRS.	MONTHS DAYS HOURS MIN.
(63)	BIRTHPLACE (STATE OR FOREIGN 7b (CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF COUNT	Y OF DEATH
#2 "BK W	1	NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AI HE JOHNS HOPKIN	HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
	STATE OF THE STATE	ER INSTITUTION GIVE RESIDENCE BEFORE A	DMISSION)	13e.STREET ADDRESS / ZIP COD	berty Road
ond 2 should be a	ATHER'S NAME Frank H	enry Boyo	15 MOTHER'S MAIDEN NAME MANAGE MANAGE	WIDDIE	smith
Poges 199	WAS DECEASED EVER IN U.S. ARMET	FORCES? 166 SOCIAL SECUR RECT DATES! 232243		Boyce Wesh	W. Liberty Reminster, MD
physicio onpopers emoval.	18 CAUSE OF DEATH (Enter only o PART I, DEATH WAS CAUSED BY IMMEDIATE C	Y: assaumation			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the ottending remove carbo remation, or re her troumatic (Conditions, if ony, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE (b) CON 18 A CONSEQUENCE DUE TO, OR AS A CONSEQUENCE DUE TO THE	of heart failure		S days
signed by hen pleose to buriol, o ijury, or of		10	ta adentation the term	INAL DISEASE OR CONDITION G	
Ossist persons and the Hygiene prior to be 8 shows any injur CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH C		200 AUTOPSY? 206 IF YE	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\text{NO} \)
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA' P.M.	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	
st the burial-in hand Mental in the documental mental in the mental ment	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FAI	RM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
I for use of Health	220.1 certify that (this hospital) sow the deceased alive on above. (Diwe) faid (did not) vi	ottended the deceased from 19 85 ew the body after death.		death accurred on the date and ha	that (i) (we) last our and from the causes stated
detached ote Dept	Man M.	Rung		MEDICAL STAFF DIRECTOR PHYSICIAN	221 DATE SIGNED 819185
ould be	Maury Mc6	U		WOLFE STREET	dimory MD

DHMH - 16 60M 7/B4

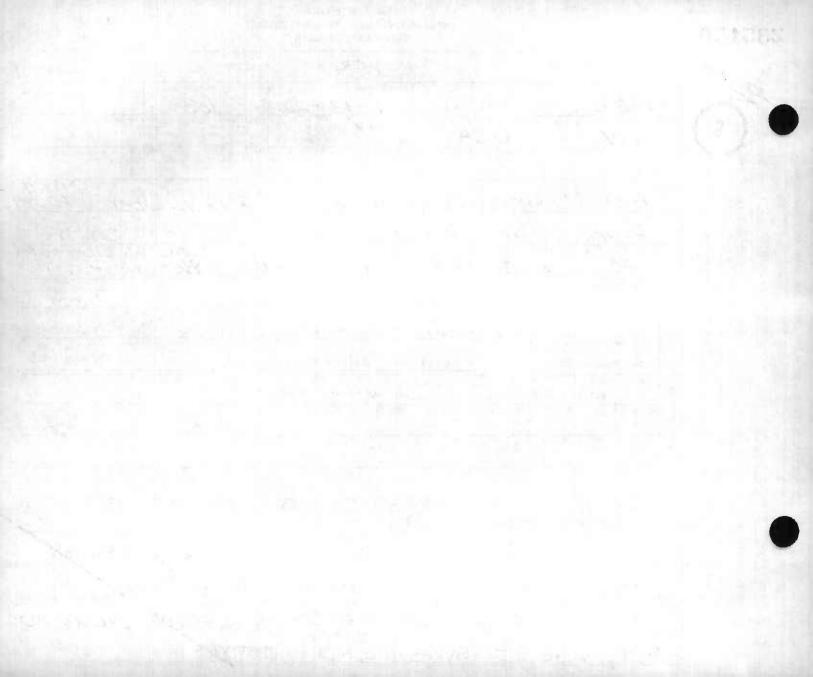
(VRA 15, 4)

24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

8-23-85

23c. NAME OF CEMETERY



241120	1 -	FOR STATE REGISTRAR		DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTACTY ICATE OF DEATH	REG. NO.	6 /
Month of the state	1. DE (TYPE	CEASED NAME FIRS	Dorothy	I.	S. DATE C		20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR O TOO AM IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
- 10 Cc)	70.0	RTHPLACE (STATE OR FOREIGH	21 6/2/254105	WHAT COUNTS	1	21 21	9. BALTIMORE CITY OR COUN	
4		COUNTRY	18. CHIZENOF	S.A.	MARRIE	DEVER MARRIED DO DIORCED	Battinge C	Ety MD.
by the tifled with	/	Balting	Vate Vate	CH FACILITY, GIVE STE	REELADORESSI Les Con	Bryth	12e. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Dept. Of Educa	126 KIND OF BUSINESS OR INDUSTRY tion-Balto. City
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours vision and completely filled in by opers. Pages 1 and 2 should be fill vool. nivide medical available reports.	130. S Ma	ryland	ME OR OTHER INSTITUTION	Balti	NWC	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 6606 Danville	Avenue 21224
MARYL miplered ond 2 s	Cl	THER'S NAME FIRST Yde	MIDDLE	Steven		15. MOTHER'S MAIDEN NA FIRST Edith	WIDDLE	McGowan
MORE or and c Poges			S. ARMED FORCES? ES, GIVE WAR OR DATES)	166 SOCIAL SE 219-07		Marvin G. Bo	ADDRESS Over Sa	me as 13e
201 W. PRESTON ST., BALT es that the death certificate the by the attending physicia please remove carbon papers uriol, cremation, or removal. , or ather traumatic event,		18 CAUSE OF DEATH (Ent PART I. DEATH WAS C. IMM6 Conditions, if ony, which gove rise to immedia	AUSED BY: EDIATE CAUSE (0) DUE TO, C	Seise.	minat.	i Ca	tases	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
r requires that the signed by the rir. Then please re rior to buriol, cren by injury, or ather	CERTIFICATION	cause (a), stating the underlying cause los PART 2. OTHER SIGNIFICATION IN THE CAUSE OF OPERATION	ANT CONDITIONS		O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	EVEN IN PART Ito
AL REC	TIFIC	THE DATE OF OTERATION	178. 66.45	AN OF TOK THE	CHOLEKANO	A WAS FERI ORMED	IN CER	TIFYING CAUSES OF DEATH? YES NO
DIVISION OF VITAL RECORDS, NG PHYSKCIAN: The law requir outending physician. Wher this certificate hosen sign outer this certificate hosen sign outer this certificate hosen sign outed or flem 18 signers ony injury orked or flem 18 signers ony injury		21g. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR A	.M. MONTH	DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 1)	J PART 1 OR PART 2)
MVISION C Offending Offer this cer as the burion hand meninked or the	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME ST	OF INJURY REET, FACTORY, OFF	CE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTENDO e hospital ar DIRECTOR: A tribed for use Dept. of Heal		22a. I certify that (I) (this saw the deceased alia above, (I) (we) (did) (d 22b. SIGNATUH	e on Aug.	24 19	D- 1.00	d that in (my) (our) opinion DEGREE ATTENDING	deoth occurred on the dote and hi	, that (I) (we) lost our and from the causes stated 22c. DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be deto with the State I MPORTANT: If		Tose T.	P. Ruja	e, M.D.		PHYSICIAN 1 220. ADDRESS Nath Charle	S har. Hospital	
BP		SURIAL, CREMATION, REMO SPECIFY) rial	236. DATE 8/27/			emetery or crematory ore National	23d LOCATION CITY OR TOWN Baltimore	COUNTY STATE Maryland
DHMH - 16 50M 4/B2 (VRA 15, 4)	24-F	INERAL DIRECTOR Duda NAME 22 Wise Avenu		dalk, Ma		21222 AL	TE REC'D. BY REGISTRAR 256. REGI	STRAR'S SIGNATURE

701115 Donale Butteryn al Palley : Ned Work in Myself Dimension He Confered Pagestate Ca not the to proper

25a DATE REC'D BY REGISTRAR 25b, RIC

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

ACC AND A SECOND Z. School of process The same of the sa

X YOUNGERSON THAT SAIS IS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

2240	94	1.	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYPE CERTIFICATE OF DEATH						REG. NO.						
			CEASED NAME	FIRST		MIDDLE		LAST			20 DATE O	FDEATH	MONTH DA	Y YEAR	26 HOUR		
moy be poge 3 fer deoth	/		HAR	JLD			B	RAI)LE	Y	08	-0	1-8	5	6:36AM		
	./	3 SE	X	4	RACE		5.	ATE OF BIE	RTH	1000	6 AGE IN	YEARS LAST BIRT	HDAY) II	UNDER 1 YEAR	IF UNDER 24 HRS		
ge 4	14		MALE		BLA	CK		07	27	17	68		YRS.	INTHS DAYS	HOURS MIN.		
nerol dir	10		RTHPLACE (STATE OR FOR COUNTRY) Carolina	reign 7b	USA	WHAT COUN	٨	ARRIED DOWED		ARRIED		_	Cit;		MD		
s ofter d by the fu	The sea		TY OR TOWN OF DEATH	111	(IF NOT IN SUC	HOSPITAL, NI HEACHITY, GIVE: Secour	STREET ADDR	(22	HER INSTI	TUTION			ON F WORKING LIFE)		OF BUSINESS OR		
filled in nould be	and see the			HOME OR OTH		Balto	TOWN	13d		TY LIMITS?	130 STREET ADDRESS / ZIP CO		ZIP CODE	CODE lintown Rd. 21216			
i uthur	au ine	14. FA	THER'S NAME FIRST	MID	DDLE	LAS	ī	15 /		MAIDEN NAM Alice	Brad1	MIDDLE ey		LA:	sī		
(1))/	- (VAS DECEASED EVER IN YES, NO OR UNKNOWN) 708	U.S. ARME IF YES GIVE W WWII		2141			NFORMAN Ladys	s Bradl	ley 92	ADDRE 1 N. F		intown	Rd.		
rtificot g physic enovo	event, th		18 CAUSE OF DEATH PART I, DEATH WAS	Enter only of CAUSED E	one couse per BY- CAUSE (o)	line for 101, 1b	ATIC	. AD	ENOCI	ARCINO	MA TO	ADF	RENALS		ONSET AND DEATH		
by the ottending	other troumotic		Conditions, if ony, v gove rise to immer couse (a), stating underlying couse	diote	(b) P	R AS A CONS R AS A CONS	ARCIU	OMA	LEF	T LU	NG(R	ESECTI	=D 14	24)	9 MONTH	5	
equires the signed Then pled to buriol	injury, or	NO	PART 2 OTHER SIGNIF		NDITIONS CO		S TO DEA		RELATED	TO THE TERM		SE OR CON		N IN PART 1	10		
on. hos bee t permit.	Auo smo	CERTIFICATION	190 DATE OF OPERATIO	N	19b. COND	ITION FOR W	HICH OPE	ration w.	AS PERFOR	RWED	200 AUT	OPSY?	20b. IF YES, IN CERTIFY YES		NGS USED S OF DEATH?		
CIAN: T g physici ertificate iol-transi	Pem 18 sh		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	JSE OF DEATH	21b. TIME C HOUR A. P.	M. MONTH	DAY	YEAR	HOW INJ	URY OCCURR	RED (ENTER N.	ATURE OF INJUR	Y IN ITEM 18 PAR	T I ORPART 2)			
offendin offendin ter this o	rked or 1	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		21e. PLACE (AT HOME, STE	OF INJURY	FFICE, FARM,	1C 211	LOCATIO	N		CITY OR TOV	VN	COUNTY	STATE		
pitol or TION: Aft for use o of Health	л 21 is mo		220 I certify that (I) (N sow the deceased above (we) (did	olive on	0	7-31	rom_#	ANY , and the	YEAT	RIS our opinion o	to	08 ed on the do	te and hour	85.	that (I) lost couses stated		
TAL OR A y the ho RAL DIRE detoched	T # Hear		27b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							22¢. DATE	SIGNED						
TO HOSPIT retoined by TO FUNER should be a	MPORTAN		22d, PHYSICIAN'S NAM	A STATE OF THE PARTY OF	R.	LAW	, 14.	000,000	ADDRESS	BONS	ECOUR	S HO	SPITAL 2-17	+73			
BP	\$		urial, cremation, re specify) B NFIA I		236. DATE 8/5/85			of CEMET		-		lesbor			N.C. STATE		
DHMH - 16 60A (VRA 15, 4			neral director harles A. R	ice F	SPA L3	00 Eut	aw P	, Z		AU AU		1005	75b. REGISTRA				

(VRA 15, 4)

STATE OF MARYLAND



232131	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. NO.
7		CEASED NAME FIRST	MIDDLE	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
eoth se	(TYPE	MARGARITE MA	RCUERTUBRASHEARS	AUGUST 14 1985 1.48 AM
may per der	3. SE	4 B	ACE 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4	1	EMALE 4	UHITE 3 2 191	8 YRS. MONTHS DAYS HOURS MIN.
Pour Pour	Ja Bi	RTHPLACE ISTATE OF FOREIGN 76 (CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
deorth Jan 7	M	ARYLAND	UI J. A. WIDOWED DIVORCED	DALTIMORE CITY MD.
the the	100	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION UNDER OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
S PE E	1150	AL RESIDENCE (IF NURSING HOME OR OTH)	ER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION	VICIMENTARER
2 35	130	TATE AND 136 COUNTY	PALTIMORE YES NO [52 13 8 REE ADDRESS ZIP CODE NILLOOD AVE
4 / J	14 F/	THER'S NAME	15 MOTHER'S MAIDEN	NAME
\$ 1500	(9)	FORGE FRED	ERICK LUDWIG ELSIE	MARIE WEST
xeco	16a V	VAS DECEASED EVER IN U.S. ARMED	O FORCES? 166 SOCIAL SECURITY NO. 12 MFORMANT	ADDRESS ADDRESS
be e		NO	JOSEPH DI	RASHEARS 839 S. NENULODIAVE
hy core		18 CAUSE OF DEATH (Enter only a PART I. DEATH WAS CAUSED BY	ne cause per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ng p bong rem	12	IMMEDIATE C	AUSE (a) PERITONITIS SEPSIS	
endi endi mati	-30	C 191 16 111 /	DUE TO, OR AS A CONSEQUENCE OF	7777777
e office office of the office		Canditions, if any, which gave rise to immediate	b) MASSIVE INTESTINAL N	ECROSIS
by th	-17	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	ADMEDY OCCUPATION
ined plecountries the		PART 2 OTHER SIGNIFICANT CON	(c) SUPERIOR MESENTERIZ	
Ther r to b	0	STURE SHOW THE	ACUTE RENAL FAILURE	
bee prio	CAT	190 DATE OF OPERATION	196 CONDITION FOR WHICTHEROMBARTERECT	OMY 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
The Interpretation of	CERTIFICATION	AUGUST 3	SUPERIOR MESENTERIZ	YES NO YES NO
AN. tron		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY OCH HOUR A.M. MONTH DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
rSICI cert virial Aents	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 19 216. PLACE OF INJURY 216. LOCATION	
O PHysical P	MEG	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE FARM, ETC.)	CITY OR TOWN COUNTY STATE
DING DE SE OS SE O			attended the deceased framAUGUST 2 19	85, to AUGUST 14 19 85, that (1) (ve) last
TTEN Putal TOR for u of Ho		saw the deceased alive an above, (M(we) (did) (did nat) via	AUGUST 1419 85 and that in My (dur) app	inian death accurred on the date and have and from the causes stated
OR A base has ched ched Dept.		22b. SIGNATURE	DEGREE	22c DATE SIGNED
TAL y the		A. U	. Helou, M.D. ATTENDIN	AN DIRECTOR PHYSICIAN
HOSPI Ined E	.,,	22d. PHYSICIAN'S NAME (TYPE OR PRI		HURCH HOME CORPORATION @21231
With With With H	ХХ			H BROADWAY BALTI, MARYLAND
BP	B	URIAL, CREMATION, REMOVAL 2	8-17-1985 MORELAND MEM.	PATTION OF FOUNTY MOSTATE
DHMH - 16 60M 7/84	R	MERAL DIRECTOR L. KACZ		DATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGNATURE
(VRA 15, 4)	12	TITULE KITTLE	A COURT OF A PACE OF A	106 1 0 1800 8

STATE OF MARYLAND

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND	20.0
DEPARTMENT OF HEALTH AND MENTAL HYGENE	5
CERTIFICATE OF BEATH	

21972

	1-	FOR STATE REGISTRAR			DEPA		ICATE OF	MENTAL HYE	ÈNE 5	REG. NO).	3	1	2	
8			FIRST	A	AIDDLE		LAST		20 DATE C	OF DE ATH	MONTH	DAY	YEAR	26 HOUR	
	(ITPE	SEX BIRTHPLACE (STATE OR FOREIGN IN CITIZEN COUNTRY) Pennsylvania CITY OR TOWN OF DEATH Baltimore SUAL RESIDENCE (IF NURSING IN DATE OF FOREIGN OR STATE AND COUNTY Maryland Baltimore FATHER'S NAME FIRST Philip WAND WAS DECEASED EVER IN U.S. ARMED FORCE (IF YES GIVE WAR OR DATE OR CONTRIBUTION IS CAUSE OF DEATH Enter only one couse PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IG Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost DUE TO CONDITION 19a DATE OF OPERATION 19b CO 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTION 19d DATE OF OPERATION 19d DATE OF OPERATION 19d DATE OF OPERATION 21d. INJURY OCCURRED WHILE OR OTHEY MEDICAL EXAMINER) 22d. Tertify that (I) (this hospital) attended sow the deceased alive on obave, (I) (wee) (did) (did natiview the believe on DEATH OF THE SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR PRINT) BEEN A 22d. PHYSICIAN'S NAME (TYPE OR PRINT) BEEN A 22d. PHYSICIAN'S NAME (TYPE OR PRINT) BEEN A 22d. PHYSICIAN'S NAME (TYPE OR PRINT)			L.	BR	A-WER.				8 2	6	85	12.28	Bu
	3. SE	X		4 RACE		5. DATE C			6 AGE (IN	EYEARS LAST BIRT	4	IF UND	ERIYEAR	IF UNDER 24	HRS
9		TEM	ALE	42	HITE	MONTH 2	27	1931		-	1	MONTHS	DAYS	HOURS A	MIN.
7	7n BI	RIHPLACE (STATE OR	FOREIGN	Th CITIZEN OF	WHAT COUNT		21	1931	9 BALTIM	ORE CITY O	4 YRS	Y OF DI	FATH		_
4		COUNTRY)	1			MARRIE	D X NEVER								
4				U.S.A		RSING HOME O		IVORCED [timore					MD.
Ž.	III. CI	ITY OR TOWN OF DEA	AIH		H FACILITY, GIVE S		OK OTHER INS	HIUHON		COCCUPATION FOR MOST OF			DUSTRY	FBUSINESS	OR
1						an Hospi	ital	Philips	Cler	k	1334	D	ruq	City	
1	130 S	AL RESIDENCE (IF NURS	131 COUN	OTHER INSTITUTION	13c. CITY OR TOWN 13d. INSIDE CITY LIMITS?				13. STREET	ADDRESS /	7IP COD	E			
2	Con. I				Dunda		YES 🗆	NO 🔀		Ashwoo				21	222
0		ATHER'S NAME					15 MOTHER	S MAIDEN NA							
	Ph							chael	MIDDLE LAST						
7		-				SECURITY NO.	17 INFORM			ADDRE	SS		mugn	.es	_
2	2.0	YES, NO OR UNKNOWN)								Con			- 7	2-	
	TAC					3-1370	Arber	t W. Br	auer,	Sr.	56	ame		3e	
			IMMEDIAT	E CAUSE (o)	PAS A CONSE	EOUENCE OF	D:	v.T.	Pul	Empl	ols	m			
		couse (a), statur underlying cause	ng the	((c)	R AS A CONSE		NOT RELATE	D TO THE TERM	INAL DISEA	SE OR CONI	DITION GI	VEN IN	PART 10		
1	CERTIFICATION	19a DATE OF OPERA	TION	19b CONDI	DITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO				,		
	ERT	21- ACCIDENT WAS UNI	DERIVING C	21b. TIME O	E IN II IPV		1217 HOW II	NJURY OCCURR			1			NO []	
1						DAY YEAR	110 110 11	130KT OCCOR	LED (EMIERA	ANTON FOR SHUNN	TIN HEM IB	PARTIG	K P MR1 2}		
	CA					19				1					
н	AED			21e PLACE C	OF INJURY EET, FACTORY, OFF	FICE, FARM, ETC.)	21f. LOCAT			CITY OR TO	WN	CC	YTAUC	STAT	31
	-		HILE							· al					
		sow the deceas	ed alive on.		1		nd that in my	, 19	death occur	red an the da	te and har	19. 8 ur and f		that (1) (we)	
		226. SIGNATURE	eren	a n	happa	1-		ATTENDING PHYSICIAN	MEDICAL DIRECTO	STAF	F IAN 😿	2:	20 DATE	26	85
		122d PHYSICIAN'S N.	ENA	PRINT	AUPF	1 _	22e ADDRE	000	MARI	TAN	HO.	gp			
			REMOVAL	23b. DATE	Maria Para	23c NAME OF C	EMETERY OR	CREMATORY	23d LOC						
		(SPECIFY)		8/30/1	985	Morelar	nd Memo	rial Pk		timore		COUN	41A	Maryl	_
	24 FL	UNERAL DIRECTOR I	nda-P					25g DATI	E REC'D. BY	REGISTRAR		TRAR'S	SIGNAT	-	
		NAME I					21222	AU	629	1985	what	Tavid	ma The	indelle.	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL O

BP.

STATE OF MARYLAND DEMENT OF HEALTH AND MENTAL BROKENS

2	- 1	9	/	
Com	1	3	6	-

)	- STATE REGISTRAR			DEI ARTI	CERTIF	ICATE OF	DEATH		G. NO.	, ,	
	1. DECEASED NAME	E FIRST		MIDDLE	i	AST		20 DATE OF DEA		DAY YEAR	2b. HOUR
	(TYPE OR PRINT)	HOWARD	В	RISCOE	В	RAWNE	?		8	16 85	1 a. M
	3. SEX		4 RACE		5. DATE C			6 AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Male	3367-11.5	Whi	te	9	5 DAY	1896	88	YRS	MONTHS DAYS	HOURS MIN.
5	70 BIRTHPLACE IS COUNTRY) Maryla	ind /	76 CITIZEN OF	what country?	MARRIE WIDOWE		R MARRIED DIVORCED	9 BALTIMOREC Baltim	ore Cit		MD.
8	Baltimo:	re	St. A	HOSPITAL, NURSIN H FACILITY, GIVE STREET gnes Hosp	pital	OR OTHER IN	STITUTION	120 USUAL OCCU	AOST OF WORKING		ware
3	Maryland	Balt	other institution ITY imore	Catonsv		YES 🗌	CITY LIMITS?	228 Edr	idge Wa	y Catons	21228 ville,Mo
2	Wash:	ington	MIDDLE B.	Brawner			dith		nie H.	Ijan	is
2	160-WAS DECEASE		MED FORCES? E WAR OR DATES)	213-10-3		17 INFORM	Scaggs	309 Ivy	Church	Md. 2 Rd. Tim	1093 onium
	8 CAUSE OF	F DEATH (Enter and ATH WAS CAUSE) IMMEDIAT	DV	line far (a), (b), an		ilure				APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
	gave rise	if any, which to immediate		R AS A CONSEOUR Acute Myc		al Ini	farct			day	's
	cause 1a , underlying	stating the cause fast		ras a conseou Arterios c		ic Car	rdio Vas	cular Di	sease	yea	ırs
	Z	nary Emp		ONTRIBUTING TO	DEATH BUT	NOT RELATI	ED TO THE TERM	AINAL DISEASE OR	CONDITION	GIVEN IN PART 10	a ·
	19a. DATE OF	OPERATION .	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	YES X NO	IN CER	YES, WERE FINDIT TIFYING CAUSES YES (X)	NGS USED OF DEATH? NO
/	OR CONTRIBUTE	WAS UNDERLYING ON DEA	TH HOUR A.	M. MONTH D	AY YEAR	21s. HOW	INJURY OCCUR	RED (ENTER NATURE C	DE INJURY IN ITEM 5	B PART (OR PART 2)	
	Y	WHILE NOT WHILE				.211. LOCAT		City	OR TOWN	COUNTY	STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

STEVEN H. PEARLMAN 230 BURIAL, CREMATION, REMOVAL

(SPECIFY) Cremation

220.1 certify that (1) (this haspital) attended the deceased fram... saw the deceased alive an 7/16 abave, (I) (we) (did) (did not view the bady after death

> 23¢ NAME OF CEMETERY OR CREMATORY Westview Crematory

DEGREE

ATTENDING PHYSICIAN

ST. AGNES HOSPITAL 900 S. CATON AVE. Baltimore

Md.

STATE

250 DATE REC D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE

 (X_r) apinian death accurred an the date and haur and Iram the causes stated

24 FUNERAL DIRECTOR 1630 Edmondson Ave. Catonsville, Md. 21228 Leroy M. & Russell C. Witzke Funeral Home

8/17/85

MEDICAL

19.85



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE 5 CERTIFICATE OF DEATH

0	1	23	7	- 1
2		3	1	4

									REG. NO.		
		CEASED NAME	FIRST	A	WIDDLE	l	AST		20. DATE OF DEATH MONTH	DAY YEAR	26. HOUR
			ohn	Henry	,	D	*****	1000 100	8	17 85	1256 M
3	3 SEX		~	4 RACE		5. DATE C	JF BIRTH COI	1	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1	_			Bla	ick	MONTH	27	ŽŽ	64 YRS	MONTHS DAYS	HOURS MIN.
Ь	7a BIF	CUNTER (STATE OF	REFOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AA A DD IE	NEVER A	AAPPIED T	9 BALTIMORE CITY OR COUN	TY OF DEATH	
0				- 1	ICA				Baltimore	CITY	MD.
	10 CI		ATH	11. NAME OF H	HOSPITAL, NURSIN	G HOME C	The same of the sa		120 USUAL OCCUPATION	126 HIND C	
L	Ba	ltimore					oanit.	1	(TYPE OF WORK FOR MOST OF WORKING	(IFE) INDUSTRY	
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5							13d. INSIDE C	NO [13e STREET ADDRESS / ZIP CO 1927 Wadswort	h Way 2	1239
	14 FA	THER'S NAME								100	
2		Oliver		Br						Fields	57
1	16a W	(AS DECEASED EVEL									
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		underlying cous	e 1051.	(c)	Rzere	ratio	4 6	will	al Spine fire	ny	
	Z	PART 2 OTHER SIG	NIFICANT	CONDITIONS CO	ONTRIBUTING TO D	7		0	INAL DISEASE OR CONDITION (EIVEN IN PART 1	a·
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7	FI.	17/5 01/	14/08	HOATE		- /		En my Co	IN CER	TIFYING CAUSES	OF DEATH?
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7				110110 4		Y YEAR	ZIL HOW IN	JUNI OCCURR	CO (ENTER NATURE OF INJURY IN ITEM I	8 PART (OR PART 2)	
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	VED					RM, ETC)		N	CITY OR TOWN	COUNTY	STATE
			ORK				,		1		
		22a I certify that (7.7	7	10	45	. 19_	. 10 8/17	. 19_0	that (1) (we) last
		sow the decea above, (1) (we)	sed olive on (did) (did no	it) view the bady	alter death.	ar	id that in (my)	(our) opinian o	death accurred an the date and h	aur and Iram the	causes stated
		226. SIGNATURE		2-1	20		DEGREE			22c DATE	SIGNED
		Edu	rura	Kut	rman		A	TTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	0/	17/85
		228. PHYSICIAN'S N	AME TYPE	OR PRINT			22e ADDRES				
		Edwa	ard	Kich	man						

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

should be detached for use as with the State Dept. of Health

MPORTANT: If Ite

24. FUNERAL DIRECTOR MArch

23a. BURIAL, CREMATION, REMOVAL (SPE Burial

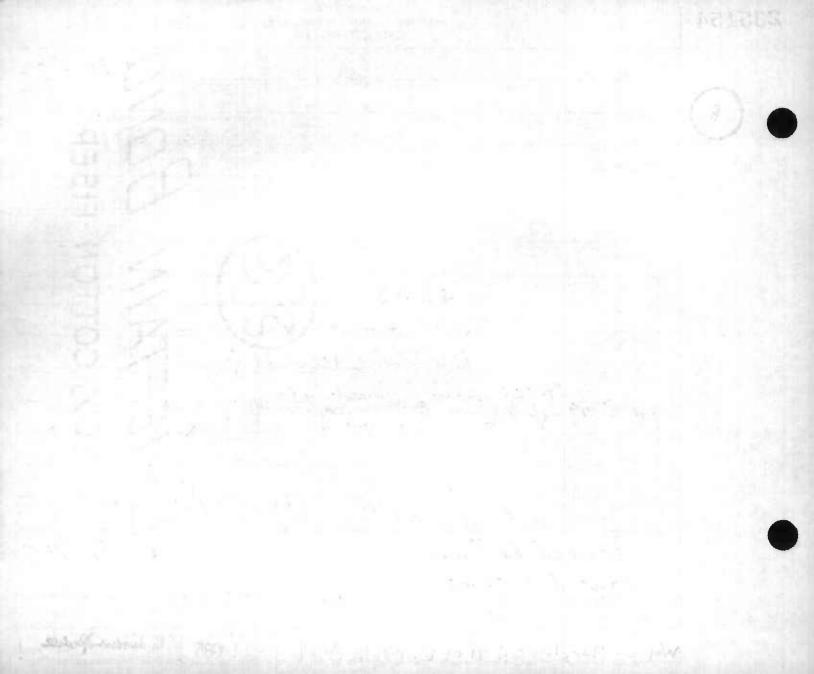
23b. DATE 8/22/85

1101 E. North

131. NAME OF CEMERATOR CREMENTO PARTIES AND STREET THE TRANSPORT OF THE PROPERTY OF THE PROPER

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00	2000	11-	STATE	8_28_85	D.W. ME	DEPARTMENT	OF HEALTH		3 -1	1 9	7 5	
20	8097	1.00	REGISTRAR		ME ME	MIDDLE	IINER'S	ERIFICATE		EG. NO.		
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	PLEASE ECTOR PHENS STREET	2.55	v		EANOR	la acc	BRICKH		DEATH MAT	ED □ 8-8-	DAY YEA	2 24 4404
	REASE RECION R PIES SPEET	3. SE		4 RACE	5. DATE OF BIRTH	YEAR LAST B	IRTHDAY) MONT	DER 1 YR. IF UNDE	R 24 HRS. 2c. DATE MIN. PRONOUNCED			20 1100
	ARY. NOUR TON		Female	Black	21 61717511 6		2 YRS.		DEAD	8-8-		10:3
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	FUNERAL FUNERAL 5 FOR)			IRGINIA	U.S.		WIDOV			nore City		M
	Y IS N THE FL PAGE 5 FRIED,	10.0	ITY OR TOWN		(IF NOT IN SUCH F	SPITAL, NURSING H ACILITY, GIVE STREET ADDR	RESS)		12a USUAL OCCUPATION FOR MOST OF WORKING L		OR INDUS	STRY
	WP WS)	Baltim		3300 AUG	chentroly		e				
11201	ANY DEL AND 3 TO RETAIN 1 COURD BE ECCRES	13a S	Md.	13b. COU		130 CITY OR TOV Balto.	NN WISSION)	134 INSIDE CITY (IMITS)	3300 Auch	entroly	21217 Terrace	2
9	#NHNZ -	14. F	ATHER'S NAM	E				15 MOTHER'S MAII	DEN NAME			
w	STA SEN	1	FIRST		WIDDLE	LAST		FIRST	WIDDLE		LAST	
WO	NA CONTRACTOR	160	WAS DECEASE	ED EVER IN U.S. A		16b SOCIAL SEC	URITY NO.	17 INFORMANT	AD	DDRESS		
5	SECTION /	1		nkn.	VE WAR OR DATES)	100 m		1000				
13	S S T S S		18 CAUSE C	OF DEATH (Enter o	anly one couse per line	e for (o), (b), and (c).	.)					ATE INTERVAL
20	5.25.25.25 C.E.S.25.25		PARTID	EATH WAS CAUS	SED BY:	Arteriosc	lerotic	cardiova	scular diseas	e	derween	SET AND DEAT
10	SAN		BLOD:			AS A CONSEQUEN	ICE OF	73176				SIL Y
986	WITHING NCIL IN MINER AL TRANSIT- VITAL HYD SPENO'S			ans, if any, which rise to immediat		THE STAN						
*	015-0			a) stating the unde		AS A CONSEQUEN	ICE OF					
8	NA NA NA		iyang co	036 (03).	(c)				No. 10 to 10 to 10			
RECORDS	ME EXECUTE IN WEDING IN A SA A BURIAL AND MATTER AND MA	-	PART 2 OTHER 5	IGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEAS	E OR CONDITION GIVEN IN	ART 1 (a)			
CC		CERTIFICATION	14 0 175 0	F OPERATION	Tourism .							
	SHOULE CHILF E USED TOF H	2 2	190. DATE O	FOPERATION	196 CONDI	TION FOR WHICH (SPERATION W	AS PERFORMED?			20 AUTOPS	
- I	WOR WOR	- E	210 EXTERN	IAL CAUSE WAS	21b. TIME O	F IN II IPV	1216 14	OW INTITION OCCUPA	RED LENTER NATURE OF INJURY IN	1751 18 BART 1 OR BA	YES	NO X
9	TAN THE PROPERTY OF THE PARTY O	3 3	LINDERLYING	G DOP	HOUR A.A	A. MONTH DAY	YEAR THE P	SW INJURY OCCUR	(ED TENTER NATURE OF INJURY IN	ITEM 18 PART I OR PAR	11 2]	
Sion	SHOR PART	MEDICAL	214 INTURY	OCCURRED		A. 19 OF INJURY (AT HOA		CATION				
DIVISION OF VITAL	THIS CERTIFICATE SHOULD AND THE WORD "PRARDED TO THE CHIEF PAGE 3 SHOULD BE USED TATE DEPARTMENT OF FECTION OF THE PROPERTY OF	WE	WHILE	NOT WHILE	STREET, FAC	TORY, FARM, ETC.)		TREET	CITY OR TOWN	cou	YTM	STATE
	INGR: THIS CERTICATE, WRITING FORWARDED TOR: PAGE 3 SH THE STATE DEPA		AT WORK	AT WORK								
	L EXAMINER: 1 E CERTIFICATE, DULD BE FORV. L DIRECTOR: P H, WITH THE SI		22a I cert	- 1	rge of the remains de	scribed above, held	an Autop	sy . Inspect	an X, Inquiry L,	, ond in my ap	inian	
	SYLVE SECTION		death resul	ted from: Nat	turol couses	Accident .	Suicide L	, Homicide	Undetermined manner	□ ,		
	WAN.		ACTUAL	Ma	11.000	A oul	19	TITLE (SPECIFY).		DATE	_D 8-9-8	25
	SHOW SHOW		SIGNATURE	- Juu	mpre !	The Jac	<u>~</u>		nt_medical examiner	SIGNE	8-9-8	35
	WED WED	4	EXAMINER'S (TYPE OR PR	NAME ME	argarita A	. Korell,	M.D.	111 P	enn Street			
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F PAGE 4 SHOULD BE F ATTER DEATH, WITH THE BALTIMORE, MARYLAN	23a.I		ATION, REMOVAL	23b DATE	23c, NAME OF	CEMETERY	R CREMATORY	23d. LOCATION			
07/B4	BP			moval	8/16/85				CITY OR TOWN	COUN	TY	STATE
25M		24	UNERAL DIRE					250, DAT	REC'D. BY REGISTRAR	REGISTRAR'S S	IGNOTURE D	0. "
	DHMH - 17 (VR A15 ME (5))		NAME Ar	natomy Bo	ADDRES:	Balto	Md.	JUL	23 1985	lia Davidsor	Market	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE 2420873 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) Brickhouse DEATH MATED 8 Kenneth 15 10 85 4 RACE AGE (IN YEARS 3 SEX 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE MONTH PRONOUNCED 3:25P 19 19 85 DEAD Black Male 98 TO BIRTHPLACE ISTATE O TO CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City, Virginia U.S. WIDOWED X DIVORCED IS CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 128 KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Baltimore 3300 Auchentoroly Terrace Newspaper USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21217 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 136 COUNTY 13c CITY OR TOWN YES NO 3300 Auchentroly Terrace Balto Md 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 16b. SOCIAL SECURITY NO. 17. INFORMANT 68 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) HE YES, GIVE WAR OR DATES) WESD 2831 FOGE CUMAR 212-01-7881 Unkn. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOTX 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) DIVISION OF HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 211 LOCATION STREET, FACTORY, FARM, ETC 1 STREET CITY OR TOWN COUNTY WHILE AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 Inspection X 22a I certify that I took charge of the remains described above, held an Autopsy Notural couses X death resulted from: Accident Suicide Homicide ___ Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 8/20/85 SIGNATURE

07/84 BP 25M

(VR A15 ME (5))

DHMH - 17

Removal

EXAMINER'S NAME

23c. NAME OF CEMETERY OR CREMATORY

Bettown 2 mg 200 25

11! Penn St. Balto.MD.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Anatomy Board Balto., Md.

Gregory R. Kauffman, M.D. ADDRESS

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR	. 0	S DATE OF BIRTH S DATE OF BIRTH S AGE (IN YEARS LAST BRITHDAY) S UNIDER TYRE S UNIDER S DATE S DAT	8				
			ronica MIDDLE Ph	ilomena p	Bridges	2a. DATE OF DEATH	-	85	26 HOUR A
			White			11	MO		IF UNDER 24 HRS
5		Pennsylvania	U.S.A.	MARRIE	D DIVORCED			FDEATH	MD.
0		Baltimore	Saint Ag	res Hospi	tal	TYPP OF WORK FOR MOST O	WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINESS OR
REGISTRAR I DECEASED PANE I DECEASED P	4								
16	14 FA	7 FIRE-T M	امد		A			LAST	Ţ
1	16a V	VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (1E YES GIVE			Edward W. Bri	idges 836 Un	nbra St	reet 2	21224
		PART I. DEATH WAS CAUSED	BY. AAY	ELOFIB	rosis			BETWEEN C	MATE INTERVAL DNSET AND DEATH
STATE REGISTRAR REGISTRA									
	NO	PART 2 OTHER SIGNIFICANT CO		ING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART Tro	· · · · · · · · · · · · · · · · · · ·
1	TIFICATI	196 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED		IN CERTIFYI		OF DEATH?
7		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MON		21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM IS PART	() OR PART 2)	
	MEDI	WHILE NOT WHILE				CITY OR TO	wN	COUNTY	STATE
		saw the deceased alive an		h. 19	d that in (my) (aur) apinian o			and from the o	causes stated
	STATE REGISTAR DECEASED NAME PROFILE PROPERTY PROFILE P	SIGNED 7/85							
		MICHAELIE			ST. AGN		PITAL		
		SPECIEVI A					Balto.	0. Md	STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item A8 shaws ony injury, or ather troumotic event

Charles S. Zeiler & Son Inc. 6224 Eastern Ave.

24 FUNERAL DIRECTOR

Sacred Heart of Jesus Dundalk Balto Co. Md.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

226073 1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 CERTIFICATE OF DEATH

	and the	-	9	1	-
DEC	NO				

	REGISTRAR			42			REG. NO				
		Emmerli	ne)		LAST			8 0	S 85	656	
	EMM	A	G			BRIGHT					P
SE	X	4 RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST BIRTH		AONTHS DAYS	IF UNDER	24 HRS
	Female	Blac	k	6	16	35	50	YRS			
	RTHPLACE (STATE OR FOREIGN	75 CITIZEN OF	WHAT COUN	TRY? 8	NEVER	MARRIED -	9 BALTIMORE CITY OF	COUNTY	OF DEATH		
	VA		USA	WIDOW	ED [NORCED [BALTIMORE	C	TTY.		٨
0 CI	ITY OR TOWN OF DEATH			URSING HOME (OR OTHER IN	STITUTION	12a USUAL OCCUPATION OF TYPE OF WORK FOR MOST OF		12b. KIND C INDUSTRY	OF BUSINE	ESS C
	BALTIMORE CITY			AL HOSP	ITAL						
30. 5	AL RESIDENCE HE NURSING HOME STATE 136 CO		13c CITY OR	TOWN	1 13d INSIDE	CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE			
	MD	THE PERSON NAMED IN	Balti	more	YES 🛛	NO 🗌	1829 N. Ca	lvert	St.	21218	3
FA	ATHER'S NAME	WIODLE	LAS	Т		R'S MAIDEN NAM	WIDDIE WIDDIE		LAS	ST	
7	Monroe	Mont			Cla				Thornto	on_	
. 0		ARMED FORCES? GIVE WAR OR DATES)	220	SECURITY NO.	17 INFORM		ADDRES				
N	0		217-3	0-4912	Thoma	as L. Br	ight 1829 N	. Cal			
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane cause per	line for (a), (b), and icil				4.0	APPROX BETWEEN	IMATE INTE	RVAL DEA
		IATE CAUSE (a)	CARD	IAC A	RREST						
NICH	PART 2 OTHER SIGNIFICAN PUL 190 DATE OF OPERATION	MONARY	HYA	G TO DEATH BUT ERTENS HICH OPERATIO	ION		INAL DISEASE OR COND		EN IN PART 11		
CERTIFICATION	THE DATE OF OPERATION	198 CONDI	ITION FOR W	THICK OPERATIO	IN WAS PERF	ORMED	YES NO X	IN CERTIFY	YING CAUSES		TH?
	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH	DAY YEAR	21c. HOW I	NJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PA	(RT OR PART 2)		
MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (FFICE, FARM, ETC)	211 LOCAT	ION ET	CITY OR TOW	N	COUNTY		STATE
	220 I certify that (1) this ho saw the deceased alive above, (1) (we) (did) (did	spital attended the	e deceased f		pm 8/4 nd that in (my	19 aurapinion d	to 6:50 PM	e and have		that (I)	
	226. SIGNATURE Edward	Richm	ran	n	DEGREE 1.0	ATTENDING PHYSICIAN	MEDICAL STAFF		220. DATE	SIGNED	5
	Edward	0 1	man			ON MEMO	RIAL HOSPITA	AT.			
	BURIAL, CREMATION, REMOV			23c. NAME OF C			23d LOCATION CITY OF TOWN		COUNTY		STATE
	Burial	8/10/8	5	Cedar H	fill Ce		Anne Aru		Co.	MD	
	UNERAL DIRECTOR		ADD	RESS -			REC'D. BY REGISTRAR 2				2
m	. C. March F/H	C. March F/H 1101 E. North Ave. AUG 9 1985 Audidson-									

AUG 9

DHMH - 16 60M 7/B4 (VRA 15, 4)

C. March F/H 1101 E. North Ave.

252071		FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIỆNE 5 2 1 3 3 7					
LUICUTI	1.	FOR STATE REGISTRAR	DEPARTI	CERTIFICATE OF DEATH	REG. NO.	4 8 U		
2		CEASED NAME FIRST POBERT	WIDDIE	BRISCOE	26 DATE OF DEATH MONTH	DAY SARS 26 HOUR ZOOPM		
ge 4 may	3 SE		Black	S. DATE OF BIRTH MONTH DAY YEAR 12 31 33	6. AGE (IN YEARS LAST BIRTHDAY) S YRS.	MONTHS DAYS HOURS MIN.		
merol dir.	a	RTHPLACE (STATE OR FOREIGN, COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or County			
s offer of the filed with	-	Balti mor	1. NAME OF HOSPITAL, NURSIN JIF NOT IN SUCH FACILITY, GIVE STREET WWW. LYS. LY		120 USUAL OCCUPATION (SPE OF WORK FOR MOST OF WORKING LE	12b. KIND OF BUSINESS OR INDUSTRY		
filled in hould be	130. 3	Maryland Ba	OTHER INSTITUTION GIVE RESIDENCE BEFORE 131. CITY OR TOW BOLLTY	YES NO D	13e STREET ADDRESS / ZIP CODE 2611 Garrison E			
BALTIMORE, MAKTLAND cote be executed within 24 ys.com ond That y fille opers. run wol. if, the mutcal maner foll if, the mutcal maner foll if, the mutcal maner foll in th	Ro	bert	A. Brisco		MIDDLE	Wells		
be executed the second of the		VAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 212-30-	2071	ADDRESS S 2611 Garrison B	SLVd 21216 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
KDS, ZOI W. FRESTION 31,, equires that the death certifi in signed by the attending ph Then please remove carbona to burial, cremation, ar rem injury, or other traumatic eve	NO	Conditions, il ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	ence of the definition of the contract of the	ccency Segnds	VEN IN PART 110		
The law ration.	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO Y	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO		
NG PHYSICIAN The law require attending physician. When this certificate has been sign as the burial-transit permit. Then the and Mental Hygiene prior to backed or them 18 shows any injury priving the priving the priving or them.	MEDICAL CE	278. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (HE EITHER NOTHEY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE AT WORK AT WORK	TH HOUR A.M. MONTH D.	19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN 11EM 18	COUNTY STATE		
OR ATTENDIN or hospital or			toll ottended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	ond that in (my) (our) opinion DEGREE	death occurred on the date and hou	that (I) (we) lost or and from the causes stated		
HOSPITAL Gined by th S FUNERAL O VOUID be det outh the Store IPORTANT: I		1220 PHYSICIANS NAME (TYPE) ANDELO	Continuo	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	8/26/85		
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation		NAME OF CEMETERY OR CREMATORY ESTVIEW Mem. Park	23d LOCATION CITY OR TOWN Baltimore	county STATE		
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR Ley-Douglass Fu	ineral Home 1348	Calhoun St SI	EP 5 1985	Daydon-Handell		

17000 \$ 15 Lt non- Sanda Pakingon

(VRA 15, 4)

STATE OF MARYLAND

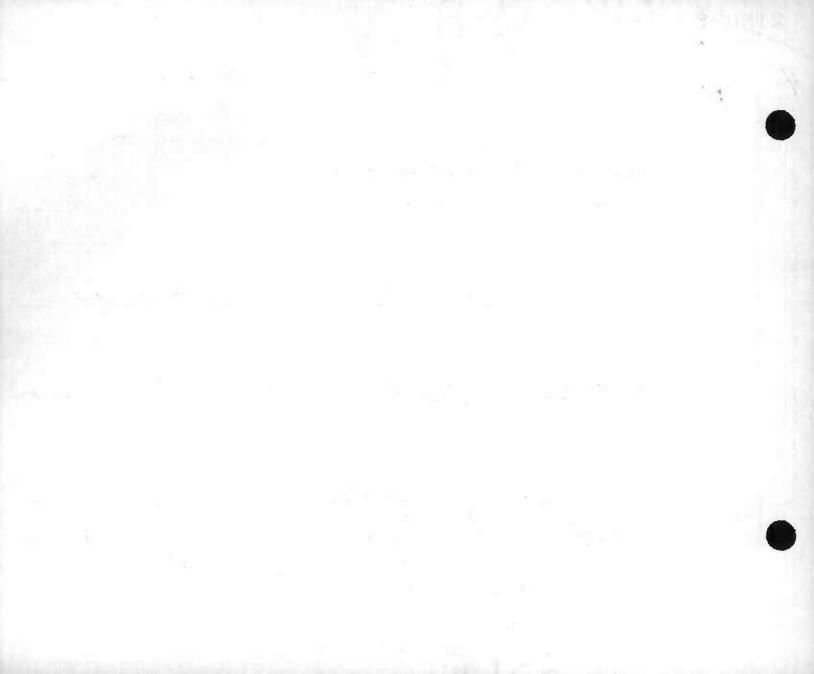
Bu Backdren-

A. L. Maria and A. A. Carlotta and A. Carlotta tills yourgets office in 16th to the fire one of the state of the stat

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STATE OF MARYLAND 218091 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO TASE In DATE OF DEATH MONTH DECEASED NAME 2h. HOUR Adel1 1985 August 1. Brown FUNDER LYEAR 4. RACE S. DATE OF BIRTH & AGE IN YEARS LAST BIRTHDAY! AT ADMINER THE MADE 12 Female Black TA BIRTHPLACE INTANT CRECKEN Th. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRED COUNTRY N.C. USA Baltimore City, WIDOWEDXX DNORCED [IB. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17% KIND OF BUSINESS OR OF NOT IN SUCH FACILITY, GIVE STREET ADDRESS. LYSPE OF WORK FOR WOST OF WORKING LYES 3037 Woodland Avenue Baltimore USUAL RESIDENCE (# NURSING HONE OF OTHER INSTITUTION, GIVE RESIDENCE REPORT ADMISSION TITE COUNTY 13L CITY OR TOWN 3037 Woodland Ave. 13d INSIDECITY LIMITS? 21215 Baltimore Maryland YES X NO IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME WEDLE Bullock Summers Lacy 16st WAS DECEASED EVER IN U.S. ARMED FORCES? 18b. SOCIAL SECURITY NO. 17. INFORMANT OF YES, GIVE WAS DIS DATEST 242-58-9490 Lottie M. Lamb 1426 Madison Ave. 11. CAUSE OF DEATH (Enter only one course pe PART I DEATH WAS CAUSED BY tu Cardinasiala DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate coine tot stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause OTHER SIGNLESCANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 HICH OPERATION WAS PERFORMED 70s: AUTOPSY IN CERTIFYING CAUSES OF DEATH? NOU NO [] THE ACCIDENT WAS UNDERLYING. 21h TIME OF INJURY 21s. HOW INJURY OCCURRED (ENTER NATURE OF PURIFY IN TICH IS PART & OR PART 25 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF BEATH OF EITHER NOTIFY MEDIC ALERAMINERS P.M. THE INJURY OCCURRED THE PLACE OF INJURY TH. LOCATION CIDIONITY CITY ON HOWN AT HOME, STREET, FACTORY, OFFICE, FARM, EYC.) and that in (my) (and) opinion death occurred on the date and hour and from the causes stated 23: NAME OF CEMETERY OR CREAM 73h DATE MD^{STATE} Burial Baltimore 8/5/85 Westview Mem. Pk. ALIGO 1095 Julia Sandon-Andales 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 Wm C March F/H Inc. 1101 E North Avenue (VRA 15, 4)



DIVISION OF VITAL RECORDS,

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 1. DECEASED NAME FIRS? MIDDLE MONTH VEAD 2h HOUR LIYPE OR PRINTS CECTI. BROWN AUGUST 11 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDER 24 HRS 3 SEX 4 RACE 5. DATE OF BIRTH MONTH VEAR MATE White Oct 1919 9 BALTIMORE CITY OR COUNTY OF DEATH A BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Kentucky U.S.A. Baltimore City WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR Francis Scott Key Medical Center (TYPE OF WORK FOR MOST OF WORKING LIFE)
Steel Worker INDUSTRY Baltimore Beth Steel USUAL RESIDENCE LIE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 7959 St. Claire Rd. 21222 Maryland Baltimore Dundalk 13d. INSIDE CITY LIMITS? NO X YES [M FATHER'S NAME 15. MOTHER'S MAIDEN NAME AN IDDLE LAST MIDDLE LAST Walter Brown Grace Roark ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES. NO OR UNKNOWN HE YES, GIVE WAR OR DATEST Yes WW II 402-26-9656 Opha M. Brown 7959 St. Claire Lane APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for h), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF HKANIE Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 206. IF YES, WERE FINDINGS USED. IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 P.M 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE AT WORK NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from_ sow the deceased alive on_ ___, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) wew the body over death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF MEDICAL PHYSICIAN | DIRECTOR | PHYSICIAN | 22e ADDRES 23a. BURIAL, CREMATION, REMOVAL 23f. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE (SPECIFY) CITY OR TOWN COUNTY STATE

Hall-Family-Cemetery

DHMH - 16 50M 4/83

24 FUNERAL DIRECTOR (VRA 15, 4)

Burial

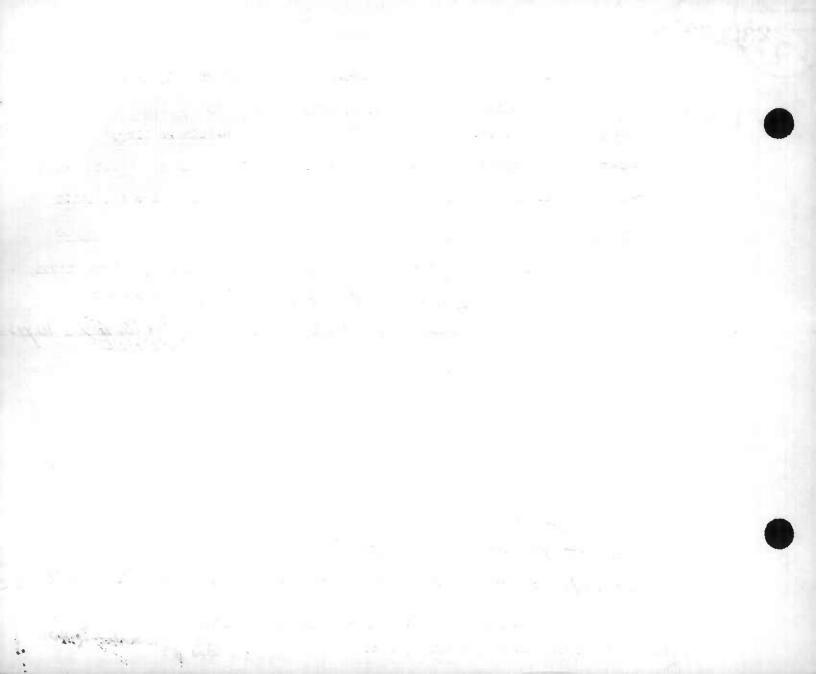
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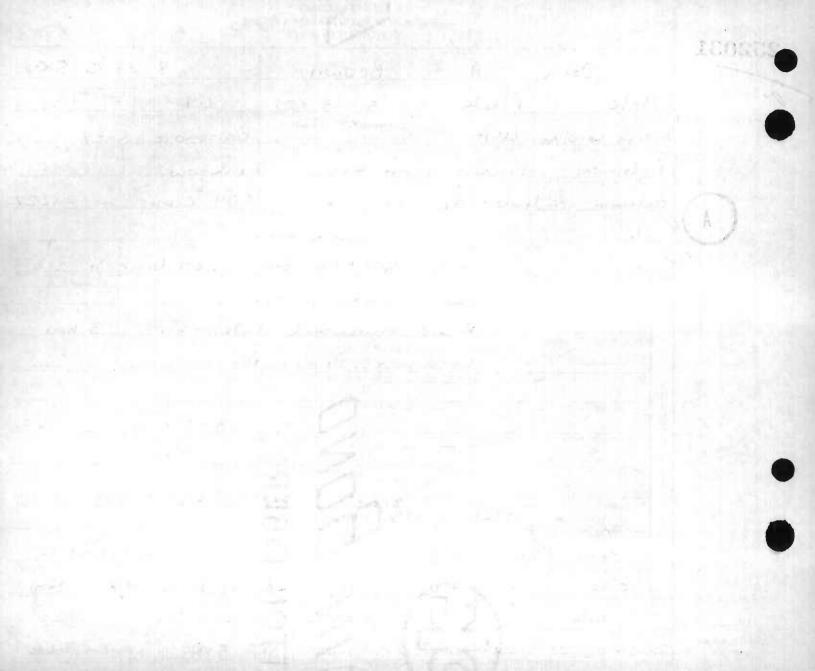
Duda-Ruck Funeral Home of Dundalk, Inc.

Asher



FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGJENE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3 SEX	4 RACE		5. DATE C		AUGUST 21	HDAY)	IF UNDER 1 YEAR	IF UNDER	24 HRS
Female	Blac	ek	MONTH 4	29 12	73	YRS	MONTHS DATS	HOURS	MIN.
BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE CITY C		Y OF DEATH		
S.C.		JSA	MARRIE	D NEVER MARRIED DIVORCED	BALTIMORE	CITY			MD.
BALTIMORE		HOSPITAL, NURSIN INS HOPKIN		SPITAL	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O			OF BUSINE	ESS OR
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FATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA					
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160 WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRI	SS			
(15 YES G	IVE WAR OR DATES)	220-24-8	3974	Ella Thompsor	5559 Elde:	ron Av			
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly one cause per SED BY: ATE CAUSE (a)			AN AZLIDEN	r			DAY	RVAL DEATH
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ASCENDING		MSS-PROP							
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OR CONTRIBUTING CAUSE OF D	EATH HOUR A.	PFINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART OR PART 2)		
OR CONTINUOUS CAUSE OF OUR FITTER NOT WHILE AT MORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	IWN	COUNTY	9	STATE
27a I certify that (I) this has saw the eccase alive a above (II) well (aid) (did n	2/2/		3 6	nd that in (my) (pur) apinian	ta 8/21 death accurred an the d	ate and has		, that (1)	,
226. SIGNATURE MEAN	Heard	18 In	-		MEDICAL STA		8/2	SIGNED	_
22d PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS					
MAURICE	EARL HEA	ARD III		600 N, WOL	FE ST. BALT	0.,MD	2	21205	
230. BURIAL, CREMATION, REMOVA	L 23b. DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION				

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial 8/26/85

King Memorial Pk.

Baltimore

CO.

MD^{STATE}

24 FUNERAL DIRECTOR Wm. C. March F/H 1101 E. North Ave. IMPORTANT: If them 21 is marked or them 18 shaws any

DHMH - 16 60M 7/8

(VRA 15, 4)

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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5

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ltimore	Mask	EIVE STREET ADGRESS)	OR OTHER INST	TITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS HOUSEWI	TOF WORKING LIFE	INDUSTRY	F BUSINESS OF
aryland Balt	Y 13€. ÇIŢ	YORTOWN	YES 🗌			s / ZIP CODE	e Ave.	2].22
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AS DECEASED EVER IN U.S. ARME	ED FORCES? 166 SO						H56.5	
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					YES NOT			OF DEATH?
Pla. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PLANT OCCURRED WHILE NOT WHILE AT WORK AT ALL WORK ALL WORD	P.M. 21e PLACE OF INJU	ONTH DAY YEAR 19 IRY DRY, OFFICE FARM, ETC.)					COUNTY	STATE
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Susan) A	PHYSICIAN 🔼	MEDICAL ST DIRECTOR PHYS		18/	5/85
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SUSAN DE	nman	73t. NAME OF C	50	100 (123d LOCATION	AVE	د	
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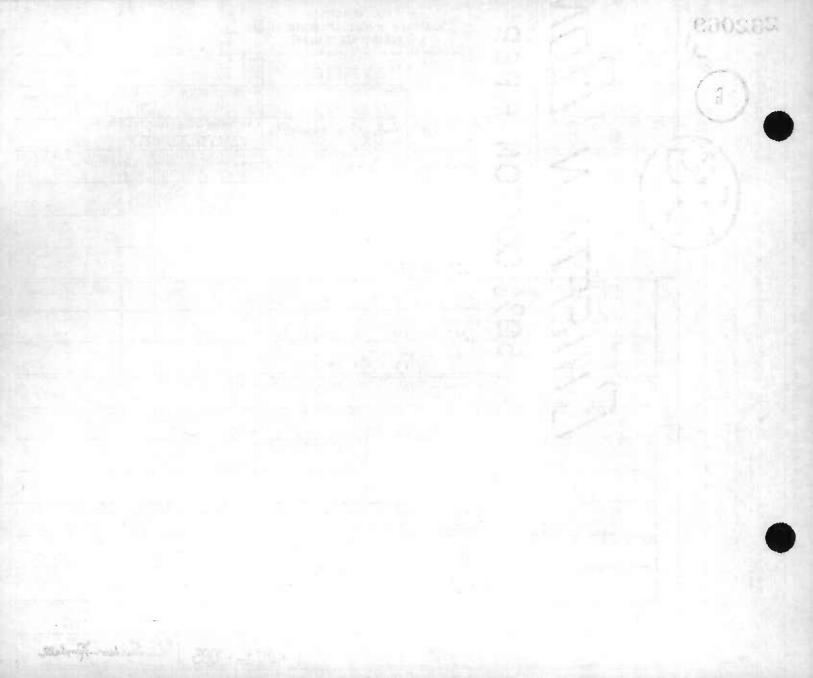
STATE OF MARYLAND

232069	1-	FOR STATE REGISTRAR			DEPA	RTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	ENE 5 2 1	9 8	8
		CEASED NAME	AMES		MIDDLE		ROWN JR	20. DATE OF DEATH MONTH	14 85	3:45A
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96 4 B	1 2E	Male		Blac	k	5. DATE (55 YRS.	MONTHS DAYS	IF UNDER 24 HRS
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by the		TY OR TOWN OF DEA Baltimore		VAMC,	Baltimo	re, Mar	yland 21218	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LI		OF BUSINESS OR
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14. FATHER'S NAME James 16. WAS DECEASED EVER IN				Brown LAST			15 MOTHER'S MAIDEN NA	LAS	ii	
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requires that en signed by . Then please or to burial, cr injury, or oth	rion	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
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ITAL OR A the hosy the hosy the hosy detached detached tote Dept.		226 SIGNATURE	6	Barde	tch			MEDICAL STAFF DIRECTOR PHYSICIAN	224 DATE	SIGNED
O HOSPITAL etcined by th TO FUNERAL should be deta with the State MAPORTANT:		22d. PHYSICIAN'S N	AME (IVAE C	BA	HDIT	CH	VAMC, Baltin	more, Maryland	21218	
BP	23a B	URIAL, CREMATION,	REMOVAL	236 DATE 8/19/8			emetery or crematory son Forest VA	23d LOCATION OWINGS Mil	LIS	MD STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

Wm. ℃. March F/H 1101 E. North Ave.

25 REGISTBAR'S SIGNATURE



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2 6 6 9 8 E			saw the deceased alive an abave, ** ** ** ** ** ** ** ** ** ** ** ** **	August		, ai	nd that in (Ry) (our) o	apınıan dec	oth accurred on the do	ate and have	and from the	causes stated
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4 484			dromas 1	4 Hans	y Mf		ATTENE PHYSIC	DING	MEDICAL STAF	FIANIM	18/6	5/82
F 2 8 4 5 5			22d PHYSICIAN'S NAME (TYPE O	R PRINT)			22e ADDRESS				-/-	-
O HO Thought	1		Thomas H						d General	Hospit	al	
15	2	3a. B	JRIAL, CREMATION, REMOVAL				EMETERY OR CREMA		23d LOCATION		COUNTY	STATE
BP_/			Burial	8/14	/85 S	t Jon			Willian		_	S.C.
DHMH - 16 60M 7/8		4 FU	NERAL DIRECTOR		ADDRESS				EC'D. BY REGISTRAR			
(VRA 15, 4)		Wi	lliam C. Mar	ch F/H	1101	E. No:	rth Ave	AUG	1 2 1985	person do	widson-7	fandelle.

DHMH - 16 60M 7/84 (VRA 15, 4)

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

24 FUNERAL DIRECTOR ADD 1050 York Rd. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 😽

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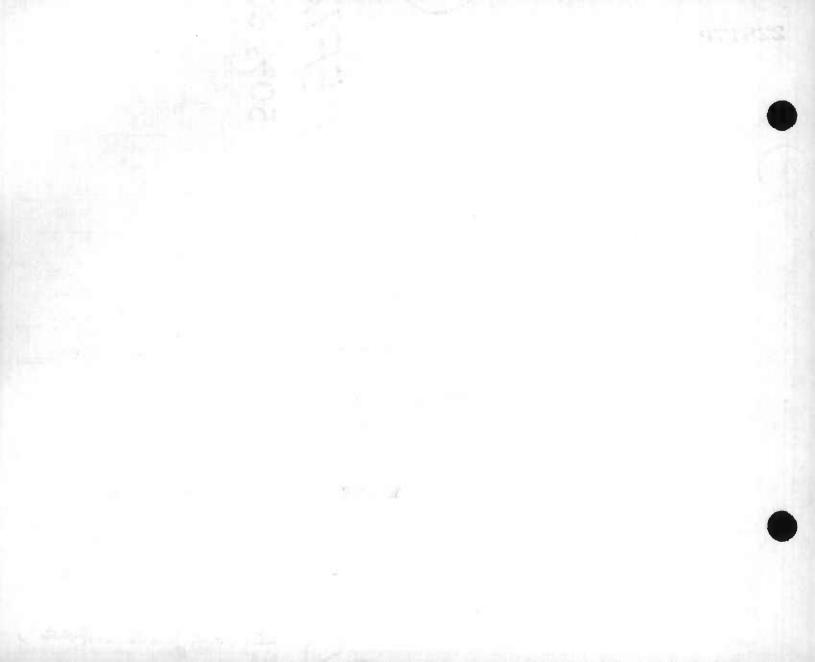
REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	I	1 1	4		
I. DECEASED NAME FIRST (TYPE OR PRINT) Melki		MIDDLE	_	rown	August 11		Y YEAR	26. HOUR		
3. SEX Male	4. RACE Blac	<	5. DATE (6. AGE (IN YEARS LAST BIR	YRS.	UNDER I YEAR	# UNDER 24 HRS HOURS MIN.		
78. BIRTHPLACE (STATE OR FOREIGN COUNTRY) S.C.		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	* Baltimore City of Baltimore		FDEATH	MD		
10. CITY OR TOWN OF DEATH Baltimore	(IF NOT IN SUC	HOSPITAL, NURSIN HEACHITY, GIVE STREET A Mount S	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST C		12b. KIND O INDUSTRY	OF BUSINESS OR		
JUSUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COU		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltin	N	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS . 205 N. Mo		. 21	223		
14 FATHER'S NAME FIRST Leroy	MIDDLE	phnson		15. MOTHER'S MAIDEN NA FIRST Trene	MIDDLE		tAS	ıt		
16a WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? IVE WAR OR DATES)	223-05-1		Geneva Brown	ADDRE 205 N. Mou					
PART I. DEATH WAS CAUS	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b) CONTROL CO									
gove rise to immediate couse (o1, stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	(c)_	R AS A CONSEQUE	Laux	CLANTIC CAL	MINAL DISEASE OR CON	DI COSTO	N IN PART TO	'AM		
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH	OPERATIO	DN WAS PERFORMED	20a AUTOPSY? YES NO			NGS USED OF DEATH?		
OR CONTRIBUTION OF CAUSE OF OR	EATH HOUR A	OF INJURY M. MONTH DA M.	AY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	F I OR PART 2)			
THE STATE OF THE S		OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	211. LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE		
22a.1 certify that (1) (this has saw the deceased alive a above (1) (we) (did) (did in 22b. SIGNATURE	9/	24 195		death occurred on the d	FF _					
22d. PHYSICIAN'S NAME (14PE		MAJUERNE	2	1990 W.	Belt ST	Beh	, Res	21223		
230 BURIAL, CREMATION, REMOVA	23h. DATE 8/15/			EW Mem. Pk.	Baltimo	ore	COUNTY	MD STATE		

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR:

IMPORTANT: If Item 21 is marked or Item 18 shaws any

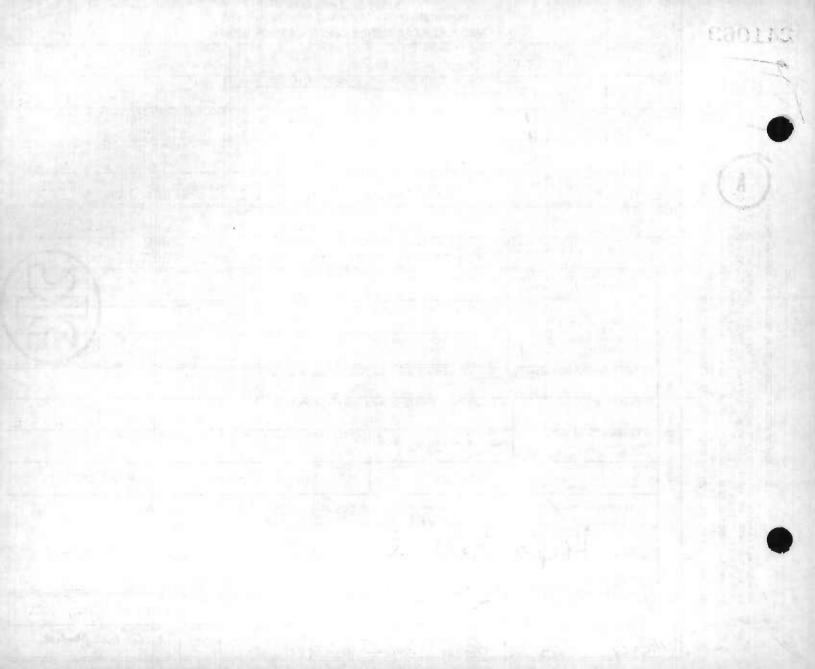
24 FUNERAL DIRECTOR Wm. Not. March F/H 1101 E. North Ave.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 241069 REGISTRAR I. DECEASED NAME KNOWN X MONTH (TYPE OR PRINT) ESTI-8-23-85 BROWN TIMOTHY Tom DEATH MATED 3. SEX 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED YOUR 26 1959 Male Negro 6 DEAD 12:47 To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) USA Maryland WIDOWED DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 112h KIND OF BUSINESS) FOR MOST OF WORKING LIFE) OR INDUSTRY South Baltimore General Hospital Baltimore 3a STATE 1136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY CIMITS? 1305 Slater Road Maryland Baltimore YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Thomas H. MIDDLE Bailey Brown Erma 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (YES, NO, OR UNKNOWN) Mrs. Erma Brown 1305 Slater Road 219-68-7834 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL ED AS A BURIAL-TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D. I., CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of chest IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION USED / OF HE/ JRIAL, C 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? THIS CERTIFICATE SHE

WARDED TO THE CH
WARDED TO THE CH
AGGE 3 SHOULD BE U
STATE DEPARTMENT O
21201 PRIOR TO BUR YES X NO [1] 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY TIE HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH BAY STEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH subject found shot 21e PLACE OF INJURY (AT HOME 21f. LOCATION 21d INJURY OCCURRED rear of 818 Seagull Avenue Baltimore SouMaryland WHILE AT WORK TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNRAL DIRECTOR; PAGE AFTER DEATH, WITH THE STATIS BALTIMORE, MARYLAND, 2120 220 I certify that I took charge of the remains described above, held an Inspection and in my apinion death resulted from: Natural causes Suicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER DATE 8-23-85 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23t. NAME OF CEMETERY OR CREMATORY Burial Anne Arundel Co., Md. Cedar Hill Cemetery 8/27/85 07/84 25M 24 FUNERAL DIRECTOR REGISTBAR'S SIGNATURE **DHMH - 17**

(VR A15 ME (S))



	1.	FOR			DEPA	STA RTMENT OF		ARYLAND AND MEN		GIENE				
228050	1.	STATE REGISTRAR				AL EXAMIN			674	DEATH	2 _{REG}	NO. 9	9	3
223000		ECEASED NAME	FIRST		MIDDI	E		LAST		2a. D	ATE KNOWN		H DAY	YEAR 26. HOUR
EL S.S. E.	- 1	(FE OR FRINT)	Will:	ie	Н		Br	rown			OF ESTI-	□ 8	3-7 19	85
THE PARTY OF THE P	3. SI	X 4	I. RACE	S. DATE OF B	BIRTH DAY YE	6 AGE (IN YE			UNDER 24		DATE	MONTH	DAY	YEAR 26 HOUR
NECESSARY RESERVATION OF YOUR FILES. WITHIN 72 HOURS V. PRESTON STREET.			BLACK	MAR A	4 193	4 51 v	RS.	DATS	100%3		DEAD	8	3-7 TS	9 85 12:05
NEGESSA CUNERAL S FOR Y WITHIN W. PREST	1/	OREIGN COUNTRY)		76 CITIZEN		DUNTRY?	8 MARRIE	D NEVE	R MARRIE		LTIMORE CIT	-		ATH
S NECESSA FUNERAL E. 5 FOR YO W. PRESTO	N	ORTH CAR			of A			-	DIVORCED		Baltim			MD
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MD. 21201 H. IF ANY DELAY IS NE. 2. AND 3 TO THE FUN. 3. RETAIN PAGE 5 F 2. SHOULD BE FILED, WALE FOR ST F 4. AN RECORDS, 201 W.	£ 130	MARYLAND	13b COU		13c. (LTIMORE		134 INSIDE CITY	LIMITS2 I	3e STREET A		SCOMBI	LANE	21215
E-SOL)()	BARTOW	BUS	MIDDLE	В	ROWN		IS. MOTHER'S	T	NAME	WIDDLE		JEFF	
TIMOR TER DE FORM FORM	1 160	WAS DECEASED	EVER IN U.S. A	RMED FORCES?		SOCIAL SECURIT	IY NO.	17 INFORMA			ADDŖ	ESS		21215
BALTIMORE JRS AFTER DEA WITH FORM P T. PAGES I AN DIVISION OF		YES, NO, OR UNKNOW	(IF YES, GA	OREAN	24	0 48 95	55	MRS.	SHIR	LEY P.	BROWN	2706		OMBE LA.
: 5,8,3,1.0				anly ane cause po										OXIMATE INTERVAL
ESTON ST IIN 24 HOU IN ITEM 11 R ALONG ISIT PERMIT HYGIENE, MOVAL		PARTIDLA	IMMEDI	ATE CAUSE (a).		iosclero		Cardiov	ascu.	lar Di	sease			
I W. PRESTON: D WITHIN 24 H PENCIL IN ITEM AMINER A LONG ENTER HYGEN OR REMOVAL		Conditions	s, if any, whic		O, OR AS A	CONSEQUENCE	OF						8 3 3	
W. PR		gave rise	ta immediat	te (b)_	0.00.46.4	0.000								- W. Y
201 W. P. UTED WIT IN PENCI EXAMINE EXAMINE FIAL-TRAI		lying cous		DOET	J, OR AS A	ONSEQUENCE	OF							
	3	PART 2 OTHER SIGN	NIFICANT CONDITION	(c)_ HS CONTRIBUTING TO	DEATH BUT NOT	RELATED TO THE TERM	AINAL DISEASE	OR CONDITION 6	IVEN IN PAST	1 (a				
RECORDS. LD BE EXEC PENDING" MEDICAL D AS A BUI FEALTH AN CREMATI	Z	1377							.,					
WID WID SED A	CERTIFICATION	190. DATE OF	PERATION	19b. CC	ONDITION	OR WHICH OPER	RATION WA	AS PERFORME	D?	This in			20 AU1	TOPSY?
NI SECTION OF SECTION	1 E				Jan 1								YE:	ON XIX
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IVISION CERTIFIC TING TH 3 SHOU DEPART	MEDICAL		G CAUSE OF		P.M.	JRY (AT HOME,	21f LOC	ATION						
DIVIS SOED SOED SE 3 S	ME	WHILE AT WORK		STREE	ET, FACTORY, FAI	RM, ETC.)		REET		City	OR TOWN		YTHUO	STATE
PAG TAT														
EXAMINER: CGRTHICATE OULD BE FOR I, WITH THE S MARYLAND,				rge of the remail	1.		Autaps	MAD	nspection		quiry L.J.	and in my	apınian	
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TO MEDICAL ED EXECUTE THE CI POSE 4 & SHOUL PAFER DEATH, DA	7	EXAMINER'S N	IAME TO	nnis F.	Smyth	UM D				F-13-11				21201
APTER PROPERTY	220	TYPE OR PRIN	11			3c. NAME OF CE		DDRESS		23d. LOCATIO	t., Ba	100.,	PIC.	21201
	230.	(SPECIFY) BUR		8/12/8		GARRISOI				CITY OR TOV	WINGS 1	MTTTE	(BAL	TO STATE MD.
07/84 BP	24	FUNERAL DIRECT			100		1000			-	STRAR 25b, R			
DHMH - 17 (VR A15 ME (5))		LEWIS T.	GW YNN	4517 P	ARK HE	IGHTS A	VENUE		AUG	1319	85	in David	son As	ndett

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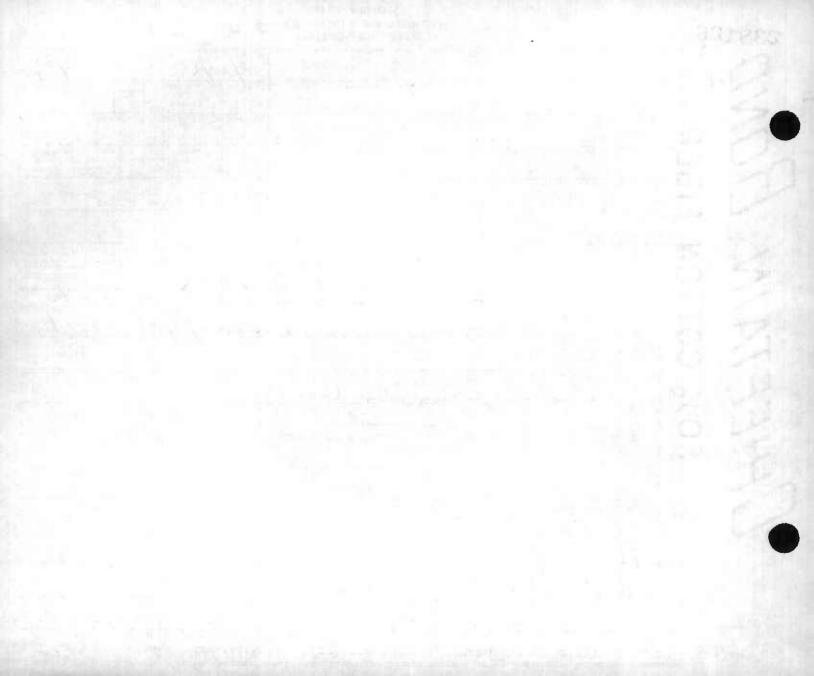
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WHELE 3/12/35 CHILLSON SOMES THE COMMON MILES (BALTH.) ME.

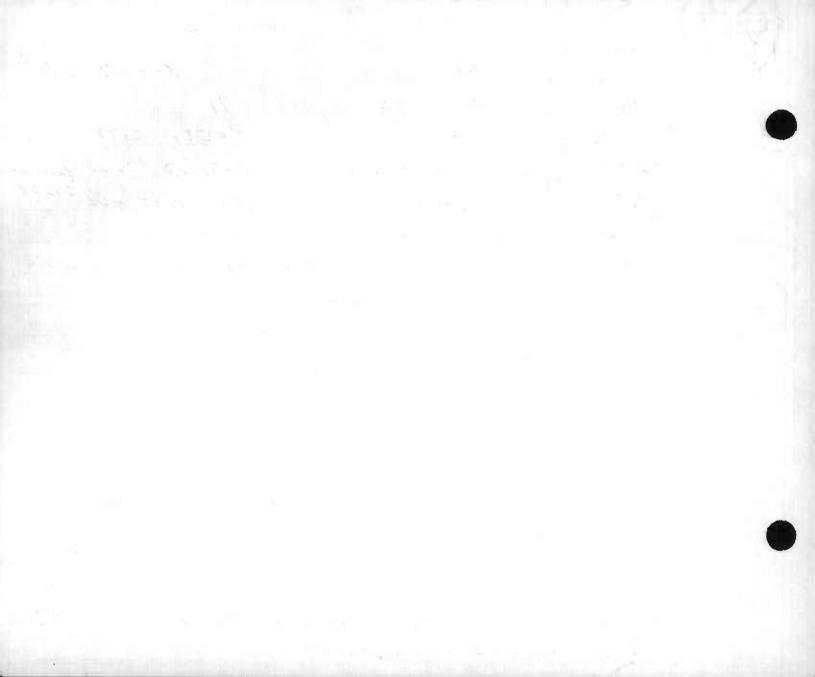
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238126	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	2 1 9	9 4
o me		CEASED NAME FIRST OR PRINT)		MIOOLE	· L	AST		MONTH DAY	YEAR 26 HOUR
poge 3	2.65		RENCE	S	BRI		A AGE (IN YEARS LAST BIRT	MDAYA I IE UNIO	PM VER 1 YEAR OF UNDER 24 HRS
ge 4 mi	3. SE	Male	4 RACE Whi	te	S. DATE C	15, 1915	70	YRS.	DATS HOURS MIN
nerol dir		RTHPLACE (STATE OF FOREIGN COUNTRY) Maryland	76 CITIZEN OF	WHAT COUNTRY	MARRIEI WIDOWE	DI NEVER MARRIED DI DIVORCED T	BALTIMORE		EATH MD.
by the furtiled within	1	ALTIMORE	(IF NOT IN SU	HOSPITAL, NURSI CHFACILITY, GIVE STREE MEMORTAT	T ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Retired	DN 12b F WORKING LIFE) INI	kind of Business or Dustry Tavern
filled in bould be fi	USU 13a.	AL RESIDENCE (IF NURSING HOA	AE OR OTHER INSTITUTION	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)		13d. INSIDE CITY LIMITS? YESX NO	13e.STREET ADDRESS / 6401 Loch I	ZIP CODE	21239
olinely 2 sh		ATHER'S NAME AWRENCE Bruns	MIDDLE	LAST		is mother's maiden na Mary A	ffayroux		LAST
(1)/	16a \	VAS DECEASED EVER IN U.S YES NO OR UNKNOWN) (1EYE YES W	S GIVE WAR OR DATEST	215 03		Mrs Bessie L	achowicz 82	ss Virgin: 7 Dryden	ia Beach 236 St Virginia
es that the death cer ned by the attending please remove cortie oural, cremation, or re y, or other fraumative	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, C	OR AS A CONSEOL	JENCE OF	unova of the	Dadherf	gfand DITION GIVEN IN	× 2 weeks
he low requi on. hos been sig t permit. Then ene prior to k ows ony injur		190 DATE OF OPERATION					20a AUTOPSY? YES NO		RE FINDINGS USED CAUSES OF DEATH?
SICIAN: T ng physici certificate riol-transi ental Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH HOUR A	OF INJURY .M. MONTH (DAY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OI	RPART 2)
offendin ter this c is the bur h and Me	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE	, FARM, ETC)	211 LOCATION STREET	CITY OR TO	wn cc	OUNTY STATE
ATTENDIN ospital or ECTOR: Af d for use o f: of Health		220.1 certify that (I) (this had a company the december of the company of the com	ospital) attended t	19	, or	d that in (my) (our) opinion	deoth occurred on the do	-	
TO HOSPITAL OR retained by the hit TO FUNERAL DIRE should be detached with the State Dep IMPORTANT: If the		1714 PHYSIANS NAME IT	uf Jereau	<i>x</i>		DEGREE ATTENDING PHYSICIAN [220 ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	FIANG	8/20/85 ITAL
BP	23a. I	BURIAL, CREMATION, REMO SPECIFY Burial	VAL 236. DATE	23c		emetery or crematory nd Veterns	Garrison	Forest B	alto., Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	uneral director arry H Witzke	4112 Col	umbíaºka	Ellíc	ott City 25a DAT	E REC'D. BY-REGISTRAR	25b. REGISTRAR'S	SIGNATURE



224074	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. NO.	9 9 5
ige 4 may be rector. page 3 urs ofter death		CEASED NAME FRST OR PRINT) Ignacy (I. RACE WHITE	Brzostek S. DATE OF BIRTH APRIL 14, 1914		4-85 5-30 M IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
nours offer death. Por in by the funeral disbe filed within 72 hou	10. C	TY OR TOWN OF DEATH 1 BALTO: ALRESIDENCE (IF NURSING HOME OR O	JIF NOT IN SUCH FACILITY, GIVE STREET	MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED CONG HOME OR OTHER INSTITUTION (ADDRESS) THE ADMISSION)	9. BALTIMORE CITY OR COL BALTO. 12a USUAL OCCUPATION (149E OF MORK FOR MOST OF WORK	MD. 176. KIND OF BUSINESS OR INDUSTRY WWW. SHAREMEN
corted within 24	14 F/	VAS DECEASED EVER IN U.S. ARM	BRZOSTE	13d. INSIDE CITY LIMITS? YES PNO 15. MOTHER'S MAIDEN NA FIRST URITY NO. 17 INFORMANT	ISOSTREET ADDRESS / ZIP (OG) S. EAT ME UNHOUS ADDRESS	CODE AUE 21224
equires that the death resistant be exe in signed by the antering anticon and Then please remove corban papers. Page 1 to buriol, cremotinant's fremoval. injury, ar ather traumatic event, the medi		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c)	respiriting ands	E.BRZOSTEK T nuc	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
HOSPITAL OR ATTENDING PHYSICIAN: The low runded by the hospital or otherdring physicion. FUNERAL DIRECTOR: After this certificate hos bee build be detached for use as the build-tronsit permit, het State Dept. of Health and Membil Hygiene prior over them 18 shows any portable; if them 21 is marked or them 18 shows any	MEDICAL CERTIFICATION	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (# ETIMER, NOTHY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (I) (this hospital sow the deceased alive on above, (I) (we) (did) (did not) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (17PE OR)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, bit) attended the deceased from. 19 wiew the bady after death.	PAR 19 211. LOCATION SIREET	YES NO	COUNTY STATE 19 that (It (we) last d haur and from the causes stated 22c. DATE SIGNED
DHMH - 16 50M 4/83 (VRA 15, 4)	7	BURIAL, CREMATION, REMOVAL SPECIFY) JUNEAL DIRECTOR OFFMANN - SKAA	23b. DATE 23c. 8-7-85 Fix CDA F.H. 32/8	NAME OF CEMETERY OR CREMATORY PESTUR . EVEN . CH . CEM 750 DA 7 HUDSO D ST . A	73d LOCATION PARTIES OF TOWN TE REC'D, BY REGISTRAN 751/RE 106 7 1985	COUNTY AND-

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYSIENES CERTIFICATE OF DEATH

						REG. N	0.		1	
1. DE	CEASED NAME FIRST		MIDDLE	LAST		20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR	
	Lucy	Ada	BUC	CHANAN		August 1	17. 19	385	11:05	
3. SE	x	4 RACE	5. D.	ATE OF BIRTH		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS	
	Female	White		6 3	YEA?	74	YRS	MONTHS DAYS	HOURS MIN.	
Je. B	IRTHPLACE I LINTE OR FOREIGN		WHAT COUNTRY? 8	RRIED NEVE	R MARRIED	9 BALTIMORE CITY	R COUNT	Y OF DEATH		
	Pennsylvania	u.s.	H. WID	OWED XX	DIVORCED	Baltimore		7	M	
В	ITY OR TOWN OF DEATH	Mary	HOSPITAL, NURSING HOSH FACILITY, GIVE STREET ADDRES LAND GENERAL	Hospit		120. USUAL OCCUPATION (TYPEOF WORK FOR MOST OF WORKING LIFE) Retired 12b. KIND OF BUSINESS OF MORKING LIFE) RETURN TOCKNY				
130.	AL RESIDENCE LIF NURSING HOME O STATE 13b. COU		13c GITY OR TOWN Baltimore		E CITY LIMITS?	130 STREET ADDRESS	zip cop	St. Ap.	1291 t.9F	
14. F	Thomas E	ward	Green	15 MOTHE	Lity	WE		Foste	\$1	
	WAS DECEASED EVER IN U.S. AF		166 SOCIAL SECURITY N	O 17 INFOR	MANT	ADDRI	ESS	B		
-	YES, NOOR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	219-18-125	9 Mary	ionie Gra	gg 3009 Kei	yon i	Ave. 212	213	
	18 CAUSE OF DEATH (Enter or	nly ane cause per	line for (a), (b), and (c), ardiopulnona					BETWEEN	IMATE INTERVAL ONSET AND DEATH	
	PART I. DEATH WAS CAUSE IMMEDIA									
8	Canditians, if any, which	2								
	gave rise to immediate cause (a), stating the	DUE TO O	R AS A CONSEQUENCE	OF.				1 1 1 1 1		
A	underlying cause last.	(c)	KAS A CONSCIOUNCE							
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									
S.						l bleeding.				
CAT	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH OPER	ATION WAS PER	FORMED	200 AUTOPSY?	20b. IF YE	S, WERE FINDIN	NGS USED	
CERTIFICATION	8/6/85	Blee	ding Gastric		YES NOXX		IFYING CAUSES 'ES	NO		
10.000	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.			EAR 21c. HOW	INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PARI (OR PART 2)		
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE			19						
MED	21d INJURY OCCURRED NOT WHILE AT WORK	(AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FARM, ET	211 LOCA STR		CITY OR TO	IWN	COUNTY	STATE	
	220.1 certify thank (this hasp	ital) attended th	e deceased from Jul	v 30	19 85	to_August	17	19.85	that X (we) las	
	saw the deceased alive an	August	17 19 85	_, and that in (r		death accurred an the d			causes stated	
10	abave, the (we) (did) (state)	1) view the body	atter death.	DEGREE				22c DATE		
	Mullah-	herry	m	1/10	ATTENDING PHYSICIAN	MEDICAL STA	FF .	die	1/65	
12	226. PHYSICIAN'S NAME (TYPE O	OR PR		22e ADDR		DIRECTOR PHYSIC	IAN	1 0 (1)	14.2	
	Gordon M. Tel	Lepun, M	.D.	c/c	Maryla	nd General	Hospi	tal		
	BURIAL, CREMATION, REMOVAL	23b. DATE		OF CEMETERY O		23d LOCATION OCITY OR TOWN	C.	y COUNTA A	STATE	
24.5	(SPECIFY) Burial	0-20-	85 116st	Holy Re		Daltimor	e Cli	cy, Md.		
	UNERAL DIRECTOR	0 0	ADDRESS		25a. DATE	REC'D. BY REGISTRAR	25h REGIST	PAR'S SIGNA	andelle"	
1	harles S.Zeiler	e & Jon.	Inc. 6224 &	istern A	ve. Al	6 1 9 1985	Just 1	Sept (MODI -		

DHMH - 16 60M 7/B4 (VRA 15, 4)

APPL AV Desput 45 11 3 3 regularization 1.1.n. Paltimore City word in the constant of the constant with the constant of the 127 Jan 25 Jan 1979 F -- y seemin a in the second 50 K ii C. J. M. Land I was an arminimum and Sanda versionus ileraS Individual Cutto-datestinal blooding.

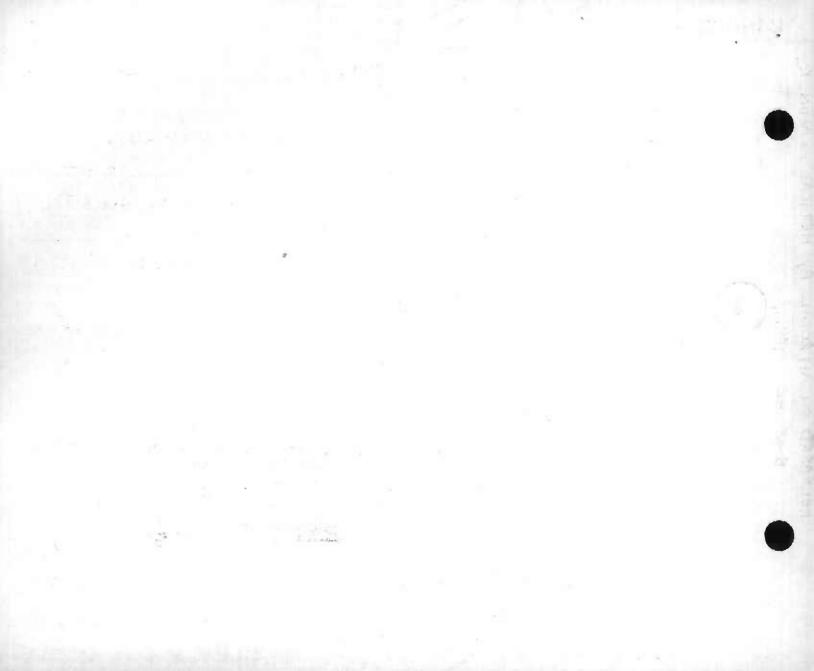
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x 25 Cignet 17 30 2 Si August 17 Si x

04 20 1		STATE OF MARYLAND	0 1 0 0
6139	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HY FENE 5 CERTIFICATE OF DEATH	2 9 9 /
	DECEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEA	G. NO. TH MONTH DAY YEAR 26 HOUR
4 deoth	TYPE OR PRINT)	M. Buether	8/29/25 900
3	SEX	4 RACE S. DATE OF BIRTH 6 AGE (IN YEARS I	
1133	Female	white 10/11/98 86	MONTHS DAYS HOURS MIN.
2 20	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8.	YRS. ITY OR COUNTY OF DEATH
848	altimore, Md.	MARRIED NEVER MARRIED	imana Citu
2	CITY OR TOWN OF DEATH		JPATION 126 KIND OF BUSINESS OR
The second second	altimore	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Mercy Hospital Cafate	JPATION ADSTOFWORKING LIFE INDUSTRY TIA Emply
d b	SUAL RESIDENCE (IF NURSING HOME OF STATE Md.	DR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) INTY 136. CITY OR TOWN 1136. INSIDE CITY LIMITS? 136. STREET ADDR	RESS / ZIP CODE
E)	FATHER'S NAME	15. MOTHER'S MAIDEN NAME	llwood Avenue -212
Room	Frederick	MIDDLE LAST FIRST MIT	1731
-	O. WAS DECEASED EVER IN U.S. A	Rose Elizabeth -	Hohe
1/		INE WAR OR DATES	DDRESS Md., 21206.
4		220-05-7500 - Lillian M. Bar	
nt, rt	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly ane cause per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eve		ATE CAUSE (O) SEOSIS	2-3 days
notic		DUE TO, OR AS A CONSEQUENCE OF	
roor	Canditians, if any, which gove rise to immediate	1 10 URINARY TRACT INFECTION	DAY 3
ė e	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
مر م		(c)	
7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR	1 TRAVOSIENT
or ror to	2 Diabetes Melli	TIS CAPOTO VASCULAR DISECSE CE PEDOS VOSC	was itecident listenic al
s on	Diabetes Mello 190 DATE OF OPERATION	1% CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
Shove	210, ACCIDENT WAS UNDERLYING	YES NO 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED. (SNIER MATURE)	
- 6.0	OR CONTRIBUTING TO CAUSE OF DE	The state of the s	FINJURY IN ITEM 18 PART 1 OR PART 2)
- F	(IF EITHER NOTIFY MEDICAL EXAMINE		
dor	WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.) 21f LOCATION STREET CITY	ORTOWN COUNTY STATE
orke	AT WORK AT WORK		1 800
is m		oital) attended the deceosed from 5/28 19 55 to	19_3 , that (I) (we) las
121		at view the body after death	the date and hour and from the causes stated
He He	226 SIGNATURE	DEGREE ATTENDING MEDICAL	224 DATE SIGNED
2	4.71 cm	PHYSICIAN DIRECTOR P	STAFF HYSICIAN 8/27/85
RIA	22d. PHYSICIAN'S NAME (TYPE		
IMPORTANT: IF		vey M.D. MERCY HOSPITAL	Baltimor MD
2	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236. DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION	NN STATE
-		8/31/85 Sacred Heart of Jesus Ce	emBaltimore, Md.
OM 7/84	FUNERAL DIRECTOR John	A. Moran, Inc. Funeral Home TEREC'D. BY REGIS	TRAR 256. REGISTRAR'S SIGNATURE
5, 4)	5000 E. Baltin	nore St.; Balto., Nd. 21224. AUG 20 100	E The second section.

10 3	248002		FOR STATE REGISTRAR		STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	9 9 8
',	m 5		CEASED NAME FIRST OR PRINTS	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
R	ny be oge 3 death		Arthur	Ε.	Bull, Jr.		4-85 3:34AM
四十0	Le bo	3. SE.	X	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
5'	ge ecto		ale	White	Dec. 24, 1922	62 yrs.	
I	of Paris	7a. Bi	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIED X NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
5	no de la contraction de la con	Ma	ryland	U.S.A.	WIDOWED DIVORCED	Baltimore Ci	ty, MD.
(ii)	offer of the formal of the for	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES	RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR E) INDUSTRY
15	S of Sold		altimore	Francis Sco	ott Key Hospital	Foreman	Construction
NO 212	filled in sould be in	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE IS COU	r other institution give residence inty 130. City or Monkt	TOWN 138. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 227 Everett F	
€	thir ship	JA. FA	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	LAST
MAN	pour pur	1	Arthur E. F	Bull, Sr.	Bernic		uhl
APPROVAL BY HEDICAL 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D 930000	ond comp		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	security no. 17. INFORMANT 18-3186 Mary M. B	227 ^{AD} EVeret Bull Monkton, M	D 21111
T. BAU	(A)		PART I. DEATH WAS CAUS	only one couse per line for (o), (b) ED BY: ATE CAUSE (o)	to la		APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
20VAI PRESTON S	(W.) &			DUE TO, OR AS A CONS	FOUENCE OF		1 . 6
SE S	1		Conditions, if ony, which	(b)	epses		week
AW.PR	that the laby the sase remail, cremer		gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSI	EOURNCE OF		3 week
₹ SOS, 20	equires in signed Then pla r ta burii	NO NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART 1 to
RELEASED ON DIVISION OF VITAL RECORDS	he law r on. has bee t permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION WAS PERFORMED	YES NOW YE	WERE FINDINGS USED YING CAUSES OF DEATH? S NO
供る	hysician icate h icate h iransit Hygier		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OR		DAY YEAR CULD INJURY OCCU	RRED (ENTER NATORE OF INJURY IN ITEM 18 P	ARITORPARIZI
500	HYSICIA ding pl is certif burial-1 Mental	CAL	(IF EITHER, NOTHY MEDIC AL EXAMINE	er) 17PM p.m. 8-2-	-85 19 Subj. Work in		Jiddes sparks
LEA	DING PHYY or attending After this e as the bud ofth and M marked ar	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF		Rd. Cockeysville	e, Maryland TATE
M.	R. A. S. A. S. B.	-		pital) attended/the deceased fr			19, that (I) (we) lost
-	Spring d for a for	7	saw the deceased alive a above, (1) (we) (did) (did n	n ot) view the Body after death	mal Coloredo	n deap accurred anyther date god hour	
	AL OR AL DIRE detacher		77% SIGNAPORE	1/	ATTENDING PHYSICIAN	MEDICAL PHYSICIAND	3 /2 4/85
	TO HOSPITAL oretained by the TO FUNERAL I should be deto with the State I IMPORTANT: If		PETER	Hohn-1	LR Francis	soft ken n	red Cort
	5 € 5 € 3 ₹		BURIAL, CREMATION, REMOVA	L 236 DATE	231 NAME OF CEMETERY OR CREMATORY	23d LOCATION	
	BP	Bi	rial	Aug. 1273	Ist Baptist Cemet of Hereford	Parkton. Ba	Itimore, MD
	DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR	2nd at Fr	anklin St. 250 DA	ATE REC'D. BY REGISTRAR 256 REGIST	
	(VRA 15, 4)	J.	J. Hartenste	ein New Free	edom, PA 17349AUG	29 1998 Allerton	idean Bandella

STATE OF MARYLAND



STATE OF MARYLAND

AMERICAN AME c/d daylandthenry llogical Signate Hyle, M.D.

226099

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Cin	60	U	U	63

		REGISTRAR		CERTIFICAT	E OF DEATH	REG. N	0	
	1 DEC	CEASED NAME FIRST	MATTAA	BURG	ESS	20 DATE OF DEATH	MONTH DAY YEAR	26. HOUR
	1. SEX		RACE	5. DATE OF BIRT	н	6 AGE (IN YEARS LAST BIR		IF UNDER 24 HRS
	1	F	B	MAY	7 1897	88	YRS DAYS	HOURS MIN.
L		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF DEATH	_
		ma	UISIFI	WIDOWED	DIVORCED [BALLI	nore Cil	C/ MD.
1	B	ALTIMORE I	HAME OF HOSPITAL, NURSING HERE THE STREET		Ta /	120 USUAL OCCUPAT	DF WORKING LIFE) 12b. KIND (BUSINESS OR
	USU/	AL RESIDENCE (IF NURSING HOME OR OT				I FFACTICIFE	Trarse 2	1401
1		MA A A		POLIS YES	NSIDE CITY LIMITS?	163 Duk	2 7 GLOUCE	25/0-57
1	14 FA	ATHER'S NAME PIRST	PUMAST PUMAST	0 C C	OTHER'S MAIDEN NA	ME	CAN	111
5		VAS DECEASED EVER IN U.S. ARME		URITY NO. 17 IN	EORMANT	ADDR	ESS ANNAPO	Lisind
1	10	YES, NO OR UNKNOWN) (IF YES, GIVE W	579-34	-8510 LI	LLIAN BU	179055 13	796 Wests	T
124		18 CAUSE OF DEATH (Enter only a PART I. DEATH WAS CAUSED B	one couse per line for (a), (b), an				APPRO) BETWEEN	ONSET AND DEATH
ŝ,		IMMEDIATE (SEPS	13		The state of the s	
i	0.6	A THE RESIDENCE	DUE TO, OR AS A CONSEQU	IENCE OF			7 7 1	
		Conditions, if ony, which gove rise to immediate	(b)					
		couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	ENCE OF				
		DART 2 OTHER SIGNIFICANT CO.	(c)	DE ATHERUT MOTO	SI ATED TO THE YEAR			
	NO	PART 2 OTHER SIGNIFICANT COI	ADITIONS CONTRIBUTING TO	DEATH BUT NOT	ELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVEN IN PART TO	0
1	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WA	SPERFORMED	20s AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSES	OF DEATH?
-	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	216.1	HOW INJURY OCCUR	RED (ENTER NIATURE OF INITIAL	YES []	NO 🗌
7		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH D	AY YEAR		(CITICALITATION COLLINS)	AT THE PERSON OF	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	OCATION			
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE		STREET	CITY OR TO	OWN COUNTY	STATE
		22a I certify that (I) (this hospital	ottended the deceased from_	- 71	3 19 85	10 5	8 10 85	that (I) (we) lost
9		sow the deceased alive on obove, (1) (we) (did) (did not) v	4 8 19	and that	in (my) (our) opinion	death occurred on the d	ote and hour and from the	
		226. SIGNATURE	lew the your offer deoth.	DEGRE	E		22c DATE	SIGNED
		210	unto us		ATTENDING PHYSICIAN	MEDICAL STA		484
		22d. PHYSICIAN'S NAME (TYPE OR PE			LU TITE	FRON HE	SPITA	
-	230 R		2 00.		RY OR CREMATORY	1236 LOCATION	37,700	
	1	BU-19L	8-13-1985 1-	Tewes	r Hill	ANAITE	ochis A. F.	1. STATE MY
	24 FU	INERAL DIRECTOR	Anness	NNAPA	41-5 250. DAT	E REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNAT	TURE
	C	18. HICKS	1922 For	est Price	1e Al	16 1 2 1985	- Prindran	gandale.

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR		CERTIFICATE (CERTIFICATE OF DEATH REG. NO.							
1. DECEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DA		26 HOUR			
BERN	TCE C	BURNS			8 2	3 85	8:25PM			
1. SEX	4 RACE	5. DATE OF BIRTH	AY YEAR	6 AGE (IN YEARS LAST BIR		NINS DATS	HOURS MIN.			
Female	Negro	Nov. 1		73	YRS.	5413	MIN.			
TO BIRTHPLACE (STATE OR FOREIGN		NTRY? 8		9. BALTIMORE CITY C		OF DEATH				
Alabama	U.S.A.	MARRIED NE	DIVORCED T	BALTIMORE	CTTY		MD			
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OR OTHER		120 USUAL OCCUPAT	ION		F BUSINESS OR			
BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE UNION I	MEMORIAL HOSE	PITAL	Domestic		INDUSTRY Ret	ired			
	ME OR OTHER INSTITUTION GIVE RESIDENCE OUNTY 13c. CITY OF Baltin MIDDLE LA	TOWN 134 INSI		13e.STREET ADDRESS A		LAST				
Richard 160 WAS DECEASED EVER IN U.S	Pauley	Ber . SECURITY NO. 17 INFO		ADDR		Ervin				
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	e) DUE TO, OR AS A CON	SEQUENCE OF	ller inf							
	, Prabetcs						500			
Sepais 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	HICH OPERATION WAS PI	EKFORMED	200 AUTOPSY?		WERE FINDIN ING CAUSES (
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFE ETHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF	DEDEATH HOUR A.M. MONTH	H DAY YEAR	100	ED (ENTER NATURE OF INJU		COUNTY	STATE			
220 1 certify that (I) (this I	naspital) attended the deceased is e on 23 d not view the body ofter death	C		, to \$/2.3		22c. DATES				
226 PHYSICIAN'S NAME ((YPE OR PRINT)	11.0. 22e ADI	ATTENDING PHYSICIAN D	MEDICAL STAI		1 5/-	23/15			
Robert Vi	ssing	τ	INION MEMO	ORIAL HOSPI	TAL		1.56			
230. BURIAL, CREMATION, REMO	VAL 236. DATE	23c. NAME OF CEMETERY	OR CREMATORY	23d LOCATION		L'OUNTY	STATE			
Burial	8-31-85	Arbutus Mem	orial Pk.	Arbutus,	Balto.	,Co., 1				
24 FUNERAL DIRECTOR		2122	250 DAT	REC'D. BY REGISTRAR	256 REGISTRA	AR'S SIGNATE	JRE			

DHMH - 16 60M 7/84 (VRA 15, 4)

Arbutus Memorial Pk. Arbutus, Belto., Co., Md.

21229

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE
AUG 2 7 1985

Edmondson Ave Marshall W.Jones, Jr.FH 4101 Edmondson Ave

legge tov. 17 1911 73 05 -95 . M. E. U herica sives x Solid ever stop and . I file the A some still a San Erral ivia vol. 22 -20-099 illury . Josep 3 sert Jerus Ct. 21237

Boriel -ji-da Phatas Memorial M. Protes, Malto., Co., Md. Maruusll '..ones, er. 7 4101 ranondaon Ave

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	OR AITENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Page 4 mo he hospital or attending physician.	DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, pc oched for use as the burial-transit permit. Then please remove corban papers. Pages I and 2 should be filed within 72 hours after or Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.
	TEN	OFT
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	J. P.	he
	9	0 %0

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

246031	1-	FOR STATE REGISTRAR		RTMENT OF HEALT CERTIFICAT	MARYLAND H AND MENTAL XX FE OF DEATH	REG. NO		0 2
ge 4 may be ector, page 3		OR PRINT) JOHN MALE	MANNING A.RACE BLACK	BURNS 5. DATE OF BIR MONTH 2	JR. TH 5 21	20. DATE OF DEATH 6. AGE (IN YEARS LAST BIR	MONTH DAY 8 26 IF UI THDAY) IF UI YRS	YEAR 26 HOUR 3 30 M MOERI YEAR IF UNDER 24 HRS HOURS MIN.
rs offer death. Po by the funeral dir filed within 72 hau	10 C	RTHPLACE (STATE OR FOREIGN COUNTY D TY OR TOWN OF DEATH altimore	76. CITIZEN OF WHAT COUNT USA 11. NAME OF HOSPITAL, NUM (IF NOT INSUCH FACILITY, GIVEST	MARRIED LX WIDOWED TO THE STATE OF THE STATE	DIVORCED HER INSTITUTION Venue	Baltimore CITY O Baltimo	re Cit	
ompletely filled in I	13a. 5	AL RESIDENCE (IF NURSING HOME OF THE NURSE HOME	MAGGE Burn	imore YES	INSIDE CITY LIMITS? INSIDE CITY LIMITS? NOTHER'S MAIDEN NA Lucinda NEORMANT	WE	August Thom	a Ave. 2122 pkins
icote be exec hysicion and oopers. Pages ovol.	166 ((IF YES, C	only one couse per line of 101, (b)	7-3264 [Dolores B			Ugusta Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires that the deoth cert is gred by the ottending Then please remove carbo to burial, cremotion, arre injury, or other traumatic e	NO	Conditions, if ony, which gove rise to immediate couse (a), staffing the underlying couse lost.	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	OUENCE OF		CATCUENCA AINAL DISEASE OR CONI		N PART IIO
CIAN: The law in physicion. In physicion. International permit. Intel Hygiene prior B shows ony	ICAL CERTIFICATION	19a. DATE OF OPERATION 19a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	216. TIME OF INJURY HOUR A.M. MONTH	Corciona		200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR	IN CERTIFYING	
TENDING PHYSICIA plant of or other this certification of the buriolity of health and Mental of health and mental 21 is marked at hem	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this has) sow the deceased alive a	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	ICE, FARM, ETC }	LOCATION STREET , 19	CITY OR TO		, that (I) (we) lost
TO HOSPITAL OR A setoined by the hospital DIREC should be detoched with the Stote Dept.		226. SIGNATURE LOUIS (U.) 226. PHYSICIAN'S NAME (TYPE	Dowskow		ATTENDING PHYSICIAN E	MEDICAL STAR DIRECTOR PHYSIC COURT D. S	UITE 20	22c. DATE SIGNED 8/28/85
DHMH - 16 60M 7/84 (VRA 15, 4)	24 Ft	URIAL, CREMATION, REMOVA SPECIFY) Unial INERAL DIRECTOR M C. March F/H	23b. DATE 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		ery or crematory re Cem.	23d LOCATION CITY OF TOWN Balti	more	STATE MD

238058	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH REG. NO.										
9		CEASED NAME FIRST		AIDDLE	ı	AST	2a. DATE OF DEATH M	ONTH DA	YEAR	26 HOUR			
deoth deoth			HANIEL		BI	IRNS	AUGUST 19	19	85	12.50 MAN			
E	3. SE		4. RACE	4. RACE Black 7b. CITIZEN OF WHAT COUNTRY?)F BIRTH	6. AGE (IN YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS			
ector.		Male	Black			10 04 YEAR	81	YRS.	NIHS! DAYS	HOURS MIN.			
Pour Pour		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF			D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY	FDEATH				
Geoth.		MD	US	SA.	WIDOWE		Baltimore	City		MD.			
rs ofter d by the fur filed with	Baltimore	11. NAME OF HOSPITAL, NURS INC (IF NOT IN SUCH FACILITY, GIVE STREET AI Church Home Hos		ADDRESS)		120 USUAL OCCUPATIO	12b. KIND OF BUSINESS OR INDUSTRY						
filled in ould be	130.	MD 13b C	ACOROTHER INSTITUTION GIVE RESIDENCE BEFOR DUNTY 13c. CITY OR TOW Baltimor		/N 113d INSIDE CITY LIMITS?		13e STREET ADDRESS / ZIP CODE 517 Willow Ave. 21			212			
mpletely ond 2 sh	14. F/	Thomas	WIDDLE	Burns		Rebecca	ME MIDDLE	Wi	lliams				
5 0 0		VAS DECEASED EVER IN U.S		16b. SOCIAL SECU	RITY NO.	17 INFORMANT ADDRESS							
Poges	. '	YES NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES}	217-07-4	548	Carlene Grif	fin 1631 E.	Colds	prina	Lane			
that the Booth certification by the attending physical case removed on amover a contract traum?		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CARDIAC ARREST DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF								MATE INTERVAL ONSET AND DEATH			
Spires plants of the plants of	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0											
S special	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		NGS USED OF DEATH?					
SCCAN 1	EDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	F DEATH HOUR A.	M. MONTH DA	YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18 PAR	(OR PART 2)				
ottendo star this star the this street or	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		EET_FACTORY, OFFICE, F.		211 LOCATION STREET	CITY OR TOW	٧	COUNTY	STATE			
CTOR. A CTOR. A of Head		22a.l certify that (1) (his h saw the deceased alive above, (1) (we) (did) (di	- AUGUST	1 19 19	UGUS 85	T 13 19 85 our pinion (ta AUGUST			that (I) we last			
TALOR y y the No Ext DIRE detached note Dept vfr. if Nem		226 SIGNATURE	Honnly		m	DEGREE ATTENDING PHYSICIAN			220 DATE	9/85			
Ta San Ta		224 PHISICIAN'S NAME (1	YPE OR PRINT)			220 ADDRESS CHURC	CH HOSPITAL CORPORATION2123						

231 NAME OF CEMETERY OR CREMATORY

Baltimore Cem.

DHMH - 16 60M 7/84 (VRA 15, 4)

Wm. C. March F/H 1101 E. North Ave.

23b. DATE

8/23/85

PAUL GORMLEY M.D.

230 BURIAL, CREMATION, REMOVAL

SPECBurial

24 FUNERAL DIRECTOR

AUG 2 2 1985

MARYLAND

STAMD

100 NORTH BROADWAY Balti

23d LOCATION Baltimore



DIVISION OF VITAL RECORDS, 201 W.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIERAL CERTIFICATE OF DEATH

	NE GIOTHI III				REG. NO.							
	CEASED NAME FIRST	WIDDLE	į.	AST	20 DATE OF DEATH MON	NTH DAY	YEAR	26 HOUR				
1,5124	Rober	T MACCARNE	LL (Burns	AUGUST	5	85	840 AM				
(38)	(4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDA		NDER I YEAR	IF UNDER 24 HRS				
1	Male	WHITE	AUG		58	YRS	THS DAYS	HOURS MIN				
	STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF	DEATH	1.5.4				
	Maryland	U.S.A.	WIDOWE		BALTIMORE	CITY	Mile .	WE				
	3 altimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE SOUTH BALTIM	STREET ADDRESS)	ERAL HOSPITAL	120 USUAL OCCUPATION (TYPE OF WOOK FOR MOST OF WO	ORKING LIFE)	INDUSTRY	ARMY				
	AL RESIDENCE IF NURSING HOME OF TATE	ROTHER INSTITUTION, GIVE RESIDENCE NTY 136 CITY OR		136 INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS / ZII		2	1061				
I FA	THER'S NAME	MIDDLE	ıt	15 MOTHER'S MAIDEN NAM	WE		LAS	ot .				
_2	William	H. Bu	Sau	Rosina			Frau	nce				
	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT (WIF	E) ADDRESS							
- (1	YES 1944	1-1965? 217.	20.7387	MRS. STELLA	BURNS SAME	AS #1	L3					
	18 CAUSE OF DEATH (Enter of	nly ane cause per line far (a), (bi, and ic				BETWEEN	MATE INTERVAL				
	PART I. DEATH WAS CAUS		24	he								
ION	PART 2 OTHER SIGNIFICANT	((c)CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ON GIVEN	IN PART 10	a				
	19a DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH?						
CAL CERTIFICATION	HOUR AM MONTH DAY YEAR											
MEDICAL	21d INJURY OCCURRED 21e. PLACE OF INJURY IAT HOME. STREET, FACTORY, OFFICE FARM, ETC.) 21l. LOCATION STREET CITY OR TOWN COUNTY STREET											
	220.1 certify that (I) (this haspital) attended the deceased from 8/4/85, 19, to August 39, 19, that (I) (we) lost saw the deceased glive an August 3, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (I) (we) (did fidid not) view the bady after death.											
	226. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 8/5/85											
	101	orprinti			. Harover St	. Bo	More	one Mb				
	URIAL, CREMATION, REMOVA SPECIFY) BURIAI	AUG 9,1985		EMETERY OR CREMATORY AT L CEMETERY	BALTIMORE	co	M	D. STATE				

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR
SINGLETON FUNERAL HOME GLEN BURNIE, MD.21061

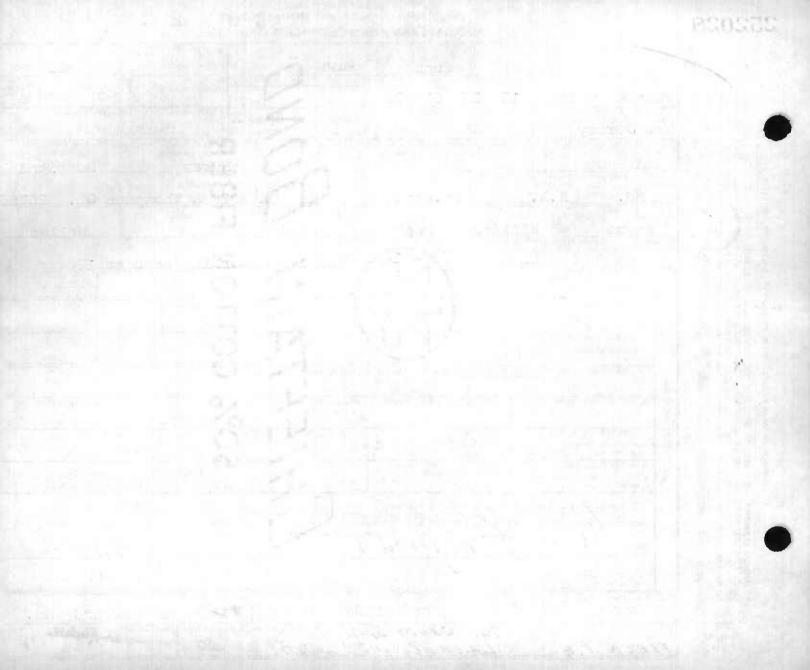
25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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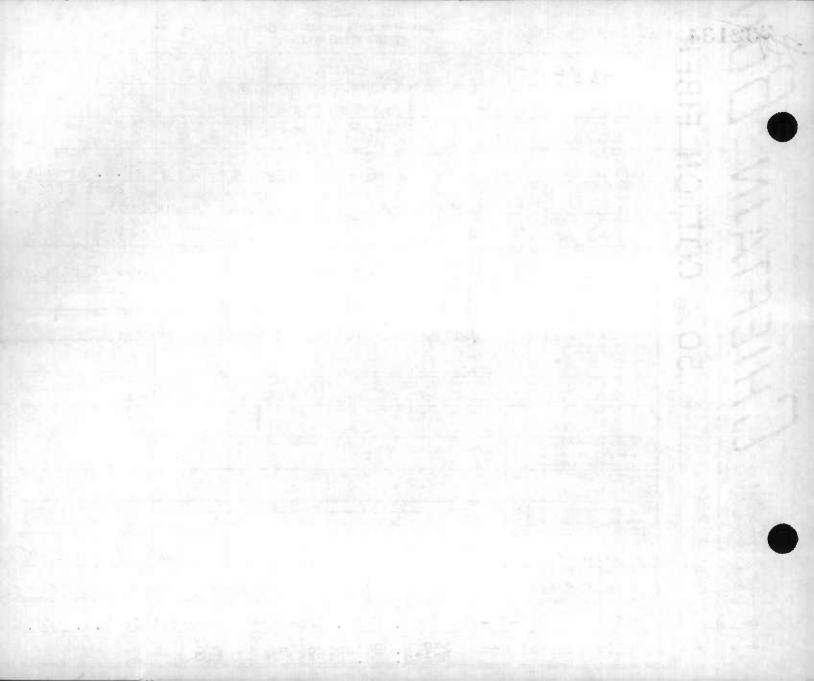
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	War will		E OR PRINTS	Eliz	abeth		Ann	2	Bu	sh		0	DEATH A	ESTI-	8-3	31 198	5
	PLEA	3 SEX		4. RACE	5. DATE O	F BIRTH		6. AGE (IN YE	ARS IF UNI		UNDER 2	4 HRS. 2c	DATE		HTMOM	DAY Y	AR 24 HOUR
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SE SE	E-500	100, V	ES, NO, OR UNKNO	WN) (IF YES, GIV	WAR OR DATES									VDDVC22			
3	PAGEN		no				1 200	-21-3	212	Billy	e Mc	Cork	le	same	as	13e	
1	N. D.	>	IN CAUSE O	F DEATH (Enter a	nly one cous	e per line f	for (a), (b),	and (c).)								BETWEEN C	MATE INTERVAL
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	SHOULD BE EXECUTED W DRD "PENDING" IN PEN CHIEF MEDICAL EXAMINE E USED AS A BURIAL - TR. T OF HEALTH AND MENI URIAL, CREMATION, OR		PART 2 OTHER SI	GNIFICANT CONDITION	CONTRIBUTING	TO DEATH B	UT NOT RELAT	ED 10 THE TERM	UNAL DISEASE	OR CONDITION G	IVEN IN PART	1 (0)				1	
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	THE LEAST		EXAMINER'S (TYPE OR PRI	NAME Der	nnis F	. Smy	ith, I	M.D.		DDRESS	111 1	Penn S	St.,	Balto	., Mo	1. 2.	1201
	TO MEDICAL EXAMINER: THE ERCUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE STABBALTIMORE, MARYJAND, 2	23a.B			23b DATE		23c. N	AME OF CE	AETERY OR	CREMATOR	Y	23d. LOCA	TIÓN				
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	(AIL WITH (A))	1 1	6-15- (1)	1 14		1 . 60 / 1	1 12.10		111.	10 / 10	West of		/1				



232134	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	
oy be 3 deoth	L DECEASED NAME FIRST MIDDLE BLAST BUSHER 20 DATE OF DEATH MONTH DAY YEAR 20 HOUR OF PRINT) BUSHER 08 /13/85 905A	M
oge 4 ma irector pours ofter	3. SEX Male A RACE White S, DATE OF BIRTH MONTH OAY GY 29 23 G AGE (IN YEARS LAST BIRTHOAY) WONTHS DAYS HOURS MINI TO BIRTHPLACE SLATE OR FOREIGN To CITIZEN OF WHAT COUNTRY? B AZ D BALTIMORE CITY OR COUNTY OF DEATH	_
deoth. P	COUNTRY) [LLiNois USA MARRIED DIVORCED Baltimore City M	D.
201 ors after n by the i filed wif	Bultimore South Bultimore General Hagin Retired D.S. Army 8	Κ_
LAND 21	OSULA RESIDENCE IF NURSINGHOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 131 COUNTY 132 CITY OR TOWN 133 INSIDE CITY LIMITS? 132 STREET ADDRESS / ZIP CODE Rd , Battama 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME	e 1223
complete	Stast Bushek ANNA DOLE DOLFZAL WOOLE BUSHEK ANNA ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
LTIMOR	YOS. NO PEATH (Enter anly one cause per line lar (a), (b), and ich	<u> 1</u> 23
PRDS, 201 W. PRESTON ST., BA requires that the death certificat an signed by the attending physis. Then please remove carbompop or to burial, cremation, or removo injury, or other traumatic event,	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TEACH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TEACH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TEACH TRACT	
F VITAL RECC	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 106 IF YES, WERE FINDINGS USED 197 IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PART 2) OR CONTENDITION 100 CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	_
NG PHYSICIA attending ph after this certif os the buriol-t th and Mental	OR CONTRIBUTION CAUSE OF DEATH (# EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21d. INJURY OCCURRED AT WORK AT WORD AT WORK	_
ATTENDIA spiral or CTOR: A for use of Heal	22a. I certify that (I) (this hospital) attended the deceased from 1997 1988 to 8713 1996, that (I) (we) lare saw the deceased alive an above, (I) (we) (did) (did not) view the body alter death. 22b. DATE SIGNED	st
HOSPITAL Oned by the FUNERAL DIUG be detacted in the Store BOORTANT: If It	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (IVECORPRINT) AND ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTO	55
BP———	230. BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OF CREMATORY 23d LOCATION CITY OF TOWN COUNTY	₹,
DHMH - 16 60M 7/84 (VRA 15, 4)	McCulty Funeral Home 2005 E. Pataps 25 ANG 1 6 1985	

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH

REG. NO

7h HOUR

12b. KIND OF BUSINESS OR

INDUSTRY

COUNTY

BANK

LAST LAUTENKLOS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

3:53 PM

AACHETIE

20 DATE OF DEATH

1 - STATE DECEASED NAME

LIYPE OR PRINTS

232013

REGISTRAR

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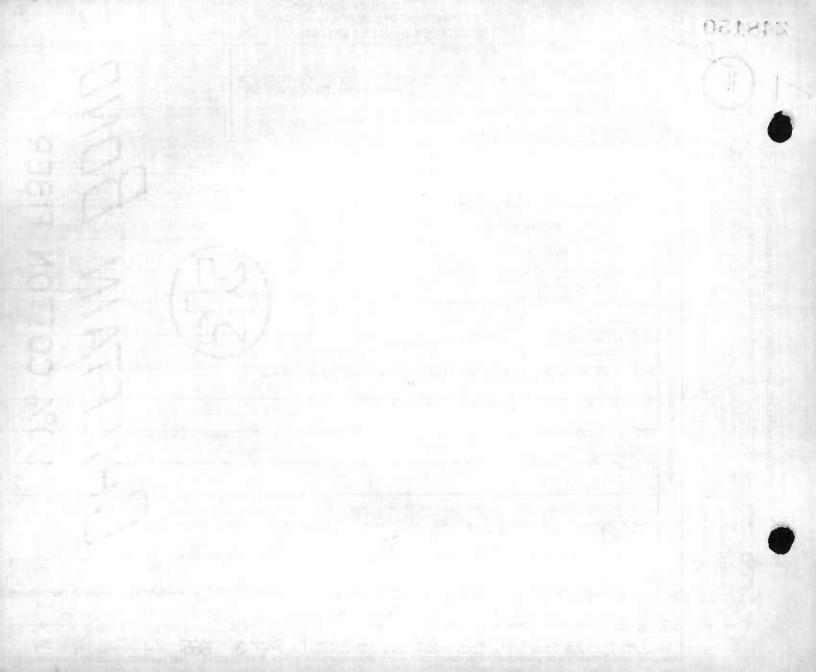
DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND	-
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	•

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n 24 hours		13a S	AL RESIDENCE IF NURSING HOME OR TATE 136 COUNTY 212	1TY	GIVE RESIDENCE BEFORE 134. CITY OR TOW BALTIMO	N	YES 🕅 NO 🗌	13. STREET ADDRESS 1931 ST	ZIP CODE • PAU	L STR	EET 21218
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usres that the death	signed by the ottend Then please remove co to buriol, cremation, o njury, or other troumot	Z	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	(b) DUE TO, O	r as a conseque	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR COM	DITIONGIVE	EN IN PART 10	0
he low req	hos been prior ene prior ows ony in	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	, WERE FINDING CAUSES	NGS USED S OF DEATH?
PHYSICIAN: T	certificate riol-transiental Hygin them 18 sh		2 1 a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DE INJURY M. MONTH DA M.	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PA	ART I OR PART ?)	
	fter this os the bu ih and M	MEDICAL	214 IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE F	ARM ETC }	211 LOCATION STREET	CITY OR TO		COUNTY	STATE
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PITAL OR	ERAL DIRE		224 PHYSICIAN'S NAME (IVPEO	-ce	WIN	m L	ATTENDING PHYSICIAN [MEDICAL STA DIRECTOR PHYSIC	FF CIAN []	8/21	SIGNED S
TO HOSP	TO FUNERAL should be det with the Stole IMPORTANT.		VI. TE	PRODE	- Melh	Month	3900 LOCH	RAVEN BLVI	BALT	IMORE	MO
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	H - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR LLIAM E. JOH	INSON 8	3521 LOC	H RA	VEN BLVD. A	E REC'D. BY REGISTRAR UG 2 7 1985	256 HEAVISTE	and down	Market

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1	GRASE)	D. SE	X 4	RACE	5. DATE OF BIRTH		IF UNDER I YR.	IF UNDER 24			ONTH DAY YEAR	2d HOUR
		M	ale	White	Nov. 11		MONTHS DATS	HOURS MI	PRONOUNG DEAD	ED	8-31 1985	3:16 p. M
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	AN SER	C	aliforni	ia	U.S.A.		WIDOWED [DIVORCED		imore (City.	MD
	SHW 85 //	ID C	ITY OR TOWN C	OF DEATH		SPITAL, NURSING HOME,	OR OTHER INSTITU	TION 12	USUAL OCCUPA	ATION (TYPE OF	WORK 126 KIND OF BI	
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Q.	- de de la	14. E.	ATHER'S NAME				IS MOTHE	R'S MAIDEN	NAME			
SE.	芸芸を	E	dward		Sylvester	Byfield	Et	hel	May		Middleto	n
W	TANGET 1	160	WAS DECEASED		ARMED FORCES?	166. SOCIAL SECURITY	NO. 17 INFORA	TAANT		ADDRESS		
ALTI	A SERVICE SERV		es		W II	573-20-239	8 Barb	ara L.	Byfield	(Wife)	same as 1	3e
- 3	NAT AND		II CAUSE OF	DEATH (Ent	er only one cause per lin	e for (a), (b), and (c).)					APPROXIMAT BETWEEN ONS	TE INTERVAL
in Z	SEN		PARTIDEA	ATH WAS CA	DIATE CAUSE (a) A	rteriosclero	tic Cardi	ovascu]	lar Disea	se	DETWEET GITS	er and beant
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**		CERTIFICATION	190 DATE OF	OPERATION	19b. COND	ITION FOR WHICH OPERA	TION WAS PERFOR	MED?			20 AUTOPS	1?
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7	RTFICATE SHOUL NG THE WORD TO TO THE CHIEF SHOULD BE USED PARTMENT OF H RICH TO BURIAL	i A	21a EXTERNAL				21c HOW INJURY	OCCURRED (ENTER NATURE OF IN/U	RY IN ITEM 18 PART		
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DIVISION	E PA PA	MEDICAL	21d INJURY O		21e PLACE	OF INJURY (AT HOME,	21f. LOCATION					
2	ANDER OF STREET	2	WHILE AT WORK	NOT WHILE	STREET, FAC	CTORY, FARM, ETC.)	STREET		CITY OR TOW	N	COUNTY	STATE
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	₩255 2 ¥8	-		/	harge of the remain	/ [Autopsy XX,	Inspection L	, Inquiry		my apinion	
	SYLL SEE		death resulte	d from:	Natural cause XX	Accident L. Suic	7		Indetermined mar	iner .		
	\$255 A		ACTUAL /	1110	1.19/	1. Stille		stant			DATE 9-1-8	5
	3 HE SEE	1	SIGNATURE_	- cu	The XX	my sugar	M.D. ASSI	Beare	MEDICAL EXAMI	NER	DATE 9-1-8	
	95.75 AS	r	EXAMINER'S N	AME	Dennis F	Smyth, M.D.		111 1	Penn Stre	et. Ba	lto., Md.	21201
	TO MEDICAL BECOUTE THE CONTROL	23n B	(TYPE OR PRIN		The state of the s	123c, NAME OF CEM	ADDRESS_			Da Da		
		(SPECIFY)		09/02/198			OKT /	3d. LOCATION CITY OR TOWN Paltimon	co City	Marriand	TATE
25AA	BP		remation		109/02/198	35 Green Mou			D. BY REGISTRAR		, Maryland	
	DHMH - 17		NAME		Dana Jose To	S. Balto.		SEP			hurdson-Manda	- 902



1		FOR STATE
	-	DECICTOAD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

233129	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENES 2 2	0	0
7+1		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
y be	1	JOSEPH :	EDWARD	BYRNE	AUGUST 17	7 1985	6;40Pm
d de d	3. SE.	MALE	4 RACE WHITE	5. DATE OF BIRTH 020NTH 100 1915	6 AGE (IN YEARS LAST BIRTHDAY) 70 YRS	MONTHS DAYS	HOURS MIN.
		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	RAITIMONO		MD.
1 1 1		TY OR TOWN OF DEATH altimore Cit	LIE NOT IN SUCH FACILITY GIVE STORE	ng home or other institution	120 USUAL OCCUPATION LIVE OF WORK FOR MOST OF WORKING LIF		of Business or Dock
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ITAL OF Pay the No RAL DIRE I detocher frote Depth		22b. SIGNATURE Latta	Pillai		MEDICAL STAFF DIRECTOR PHYSICIAN	08/	17/85
O HOSPIT retained by TO FUNER should be a mith the Sto		DR . LATHA F	PILLAI		Hozpital.		
		URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE
BP	24 FI	Burial UNERAL DIRECTOR		AV TO	Baltimore	I ty	Vd.
DHMH - 16 60M 7/B4 (VRA 15, 4)		Cully Funera	1 Home Balt.	Md 21225	G 1 9 1985 Jat.	ALL THE	indall-

STATE OF MADVIAND

FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYEJENI CERTIFICATE OF DEATH					
CEASED NAME	FIRST	WIDDLE	LAST	2a. D			
	ADA	وعناس كا	CABE				

REG. NO ATE OF DEATH MONTH AUG. 1985 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH DAY YEAR FEMALE WHITE 1902 TO BIRTHPLACE ISTATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED VINEVER MARRIED MARYLAND WIDOWED DIVORCED [BALTIMORE CITY 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY BALTIMORE GLENGYLE AVE HOUSEWIEE AT HOME JUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13b COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE MARYLAND BALTIMORE 3629 GLENGYLE 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MEYER RRAVE SARAH SOLOMON MR. MELVIN CABE 160 WAS DECEASED EVER IN U.S. ARMED FORCES NO 18. CAUSE OF DEATH (Enter only one couse per line for (g), (b) an PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 19g. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STREET AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from

saw the deceased alive an. abave, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE

DEGREE

ATTENDING MEDICAL PHYSIC IAN 22e ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY

BETH TFILOH CONG.

DIRECTOR PHYSICIAN

CITY OR TOWN

and that in (my) (our) apinion death accurred on the date and haur and from the causes stated

22c DATE SIGNED

COUNTY

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23e. BURIAL, CREMATION, REMOVAL

BURIAL

(SPECIFY)

BARRY S. GOLD, M.D.

23b. DATE

8-11-85

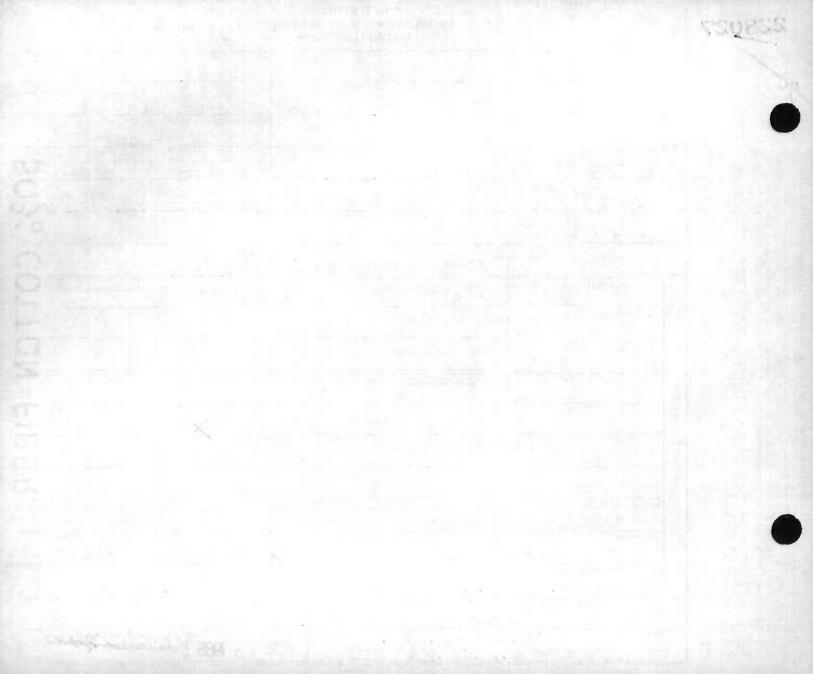
6804 PARK HEIGHTS AVE. #21215 236 LOCATION

MPORTANT

SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO., MD 21215 (VRA 15, 4)

25a. DATE REC'D. BY REGISTRAR

DHMH - 16 60M 7/B4



SCHIMUNEK FUNERAL HOME, Balto, Md. 21213

(VRA 15, 4)

- n			STATE OF MARYLAND		- N	
52 1- FOR REGISTRAR		DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	0 0 2 2	0 1	3
1. DECEASED NAME	EIRSI	MIDDLE	LAST	REG. NO.	DAY YEAR	2b HOUR
(TYPE OR PRINT)	FRANCIS	ANDREW	CAKOWSKI	July 26		10:25 ₼
3. SEX	4 RAC		5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IE UNDER I YEAR	IF UNDER 24 HRS
Male		White	March 25, 1915	70 YRS	MONINS DAYS	HOURS MIN.
70. BIRTHPLACE (STA	TE OR FOREIGN 76 CIT	IZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH	
Mississipp	i l	J.S.A.	WIDOWED DIVORCED	Baltimore City	Y	MD.
10 CITY OR TOWN OF		AME OF HOSPITAL, NURS IN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF	F BUSINESS OR
Baltimor	e / Fra	ancis Scott K	ev Medical Center	(TYPE OF WORK FOR MOST OF WORKING LII Seaman	Mariti	ime Serv
USUAL RESIDENCE (#	NURSING HOME OF OTHER IN	13c. CITY OR TOV	EADMISSION) VN 113d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE		
35 Maryland	Baltimo			1934 Merritt Bl		22
14 FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME		
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3 160 WAS DECEASED	VER IN U.S. ARMED FO	ORCES? 166 SOCIAL SECT		ces L. Ptaszynsk:	WOII	
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	EATH (Enter poly pop	couse per line for 10 , (b), or		K. DOWIEYS ULIS.	APPROXIM	MATE INTERVAL INSET AND DEATH
	TH WAS CAUSED BY	Candia	2		BETWEEN	INSET AND DEATH
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G 197		UE TO, OR AS A CONSEQU			Cru	mediate
Conditions, if	immediate	(6)				deup
couse (0), underlying of	ouse lost	JE TO, OR AS A CONSEQU	except anot	ac domore to her	w 10	delys
o o contra				V	1	
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190 DATE OF OF	ERATION 19	CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES	, WERE FINDIN	GS USED
\$ ZIE					YING CAUSES	OF DEATH?
21a. ACCIDENT WA		b. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 F		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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3/1	una (. Atest	M. A ATTENDING	MEDICAL STAFF	7/2	6/8×
224 PHYSICIAN	S NAME (TYPE OF PRINT)	- 100	PHYSICIAN [DIRECTOR PHYSICIAN A	17/0	0 10 0
ZZ PHYSICIAN	cina C.	Hefty	Frans Se	cold Key Med. G	ite B	altas
23a BURIAL, CREMATI	ON, REMOVAL 23b.	DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
_ Cre		7/29/85 G	reen Mount Cremato	ry Baltimore	Maryla	and
24 FUNERAL DIRECTO	P	ADDRESS	250 MA	TE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATU	JRE
			dalk Md. 21222			

7922 Wire Ave.

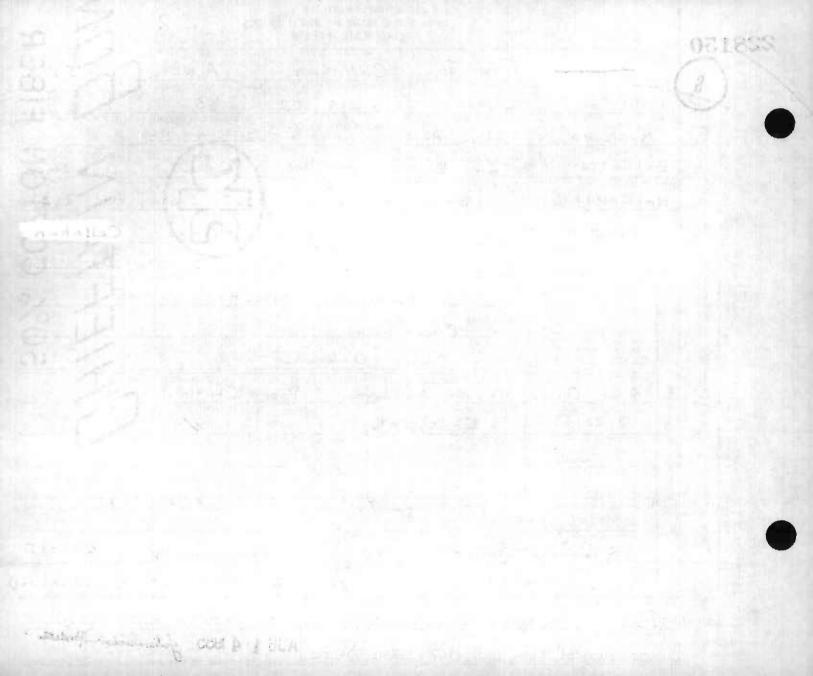
(VRA 15, 4)

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G	55	Male	4. RACE	casion	5 DATE C	OF BIRTH DAY YEAR	6. AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 HRS
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R5	130 S	ALYLAND	OUNTY	BALTIM	/N	13d INSIDE CITY LIMITS? YES M NO	2238 Si	d'ney	Ave	21230
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ig physic sanpape remaval.		18 CAUSE OF DEATH LENT PART I. DEATH WAS CA IMME	er only one couse per NUSED BY: DIATE CAUSE (o)	Cardi	o pulm	onary a	rrest		BETWEEN	MATE INTERVAL ONSET AND DEATH
nave cark atian, ar traumatia		Conditions, if any, which	h ((b)_	RAS A CONSEOU	mon	a		1712 <u>-</u> V		
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ERAL DIR e detache State Dep		Leven	1 of an	not	14	ATTENDING		CIAN M	22c. DATE	-12-85
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		SURIAL, CREMATION, REMO SPECIFY) Jrial	Land Bridge Co.			emetery or cremator idge Mem. Pa	CITY OR TOWN	How	ard Ma	aryland

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Hubbard Funeral Home, Inc. 4107 Wilkens Avenue



	I	tems 18-	22a 12/	11/85 mth	FARTMENT OF	TE OF N	ARYLAND AND MENTAL	HYG)ENE O	0 0 1	7	
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ZZ w ZZ	-	D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK							ON (TYPE OF WORK	126 KIND OF BU	SINESS
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NOR STORY	160.	Zeke WAS DECEASED EVE	R IN U.S. ARME		loway	Y NO.	Ma:	ΔΓ	DPESS		
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195	1	18. CAUSE OF DEA	TH (Enter anly	ane cause per line f	or (a), (b), and (c).)	4				APPROXIMATE BETWEEN ONSE	EINTERVAL
S ENERGY		PARTIDEATH	IMMEDIATE	CAUSE (a) Ca	ardiomegaly		atty liver			00000	
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AAN AAN AAN		PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	NTRIBUTING TO DEATH BI	UT NOT RELATED TO THE TERM	INAL OISEASE	OR CONDITION GIVEN IN P	ART 1 (a)			
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DIVISION OF VITAL RECORDS, 301 S CRTIFICATE SHOULD BE EXECUTE RITING THE WORD "FINDING" IN RED TO THE CHIEF MEDICAL BA E 3 SHOULD BE USED AS A BUBBA E DEPARTMENT OF HEALTH AND OI PRIOR TO BURIAL, CREMATION	CERTIFICATION	19a DATE OF OPER	MOITA	19b. CONDITI	ON FOR WHICH OPER	ATION W	AS PERFORMED?			20 AUTOPSY	?
F VIT	ERT	21a EXTERNAL CAL	JSE WAS	21b TIME OF	INTURY	[2]r HC	W IN HIRY OCCUPP	ED (ENTER NATURE OF INJURY IN	ITEM 10 DART 1 OR DAR	YES X	NO [
ON OF THE W TO THE WOULD BY ARTMEN	-	UNDERLYING CONTRIBUTING	OR CALISE OF DE	HOUR A.M.	MONTH DAY YEAR	2	W INSORY OCCORN	ED (ELLEK LONIONE ON MOOK! IN	TIEM TO PART TORPAR	1 2)	
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ATE, T ORW JR: P HE ST AD, 2		22a I certify that	I taak charge o	of the remains desc	ribed abave, held an	Autaps	y X, Inspection	an , Inquiry	and in my api	nian	
MINER: TIFICATE BE FOR ECTOR: TH THE		death resulted fra	m: Natural	causes X	Accident , Su	icide .	Hamicide .	Undetermined manner			
CER CER	13	ACTUAL	VOUNE	et love	Mal.		TITLE (SPECIFY)		DATE		
STORE ORE.	1	SIGNATURE	1-000pt	-0 1111	OJ. COL	M.		antmedical examiner	SIGNED	8-24-85	
TO MEDICAL EXAM EXECUTE THE CERT PAGE 4 SHOULD B TO EUNERAL DIRE AFTER DEATH, WITH BATTIMORE, MARY		EXAMINER'S NAME (TYPE OR PRINT)	Mar	rgarita A	. Korell,M	.D.	ADDRESS 111	Penn Street			
DX AD A A	23a.B	URIAL, CREMATION,			23¢ NAME OF CEA	METERY OF	CREMATORY	23d. LOCATION CITY OR TOWN	COUNT	Υ 51.	ATE
107 14 BP 2-89	24 5	Burial UNERAL DIRECTOR	Au	9.30,1985	Harmony	Memoi	cial Park	Landover.	P.G.Ctv.	.Marvla	nd
DHMH - 17 (VR A15 ME (5))	bil	NAME CHAMPE	es co e	ADDRESS	St.,S.E.Was		ZSG. DATE	REC'D. BY REGISTRAR 25			516
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 226069 REGISTRAR-1. DECEASED NAME 20. DATE KNOWNTX PRINTI ESTI-DEATH MATED Robert 1985 Campbel] 4 RACE 7:12 6 AGE (IN YEARS DATE YEAR LAST BIRTHDAY) RONOUNCED 45 16 DEAD Male Black 40 1985 P. M To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY USA MD Baltimore City, WIDOWED DIVORCED OCITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION STYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFES University Hospital - STU Baltimore UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21061 36 COUNTY 13d. INSIDE CITY LIMITS? 7858 Americana Circle Anne Arundel MD Glen Burnie YES E NO V 4. FATHER'S NAME IS, MOTHER'S MAIDEN NAME Wilson Campbell Bertha Winsmore TERN 18. GIVE FOR ALONG WITH FOR THE PRING WITH FOR THE PRING THE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS I HE YES GIVE WAR OR DATES! 218-42-3554 Bertha Campbell 364 Washington Ave. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY USED AS A BURIAL - TRANSIT PERMI OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. Craniocerebral Trauma IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DIFFE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION FORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND: 2]201 PE(OR TO BURIAL, C 19a. DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO UNDERLYING XXOR TINE OF INJURY
HOUR XX MONTH DAY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 6:15PM 8-3 CONTRIBUTING CAUSE OF DEATH thrown from bicycle after hitting bump 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) street South Hampton & Daywood Drs., Glen Burnie Anne Arundei Co. Md. Autopsy XX 17s. I certify that I took charge of the remains described above, held an Inspection Inquiry ond in my apinian Hamicide Undetermined monner PAGE 4 SHOULD E TO FUNERAL DIRE AFTER DEATH, WIT BALLIMORE, MARY DATE 8-7-85 Assistant EXAMINER'S NAME 21201 111 Penn St., Balto., Md. Dennis F. Smyth, M.D. 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial Anne Arundel MI)TATE 8/12/85 Mt. Calvary Cem. 07/84 25AA 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 1101 E. North Ave. Wm. C. March F/H 1985 (VR A15 ME (5))

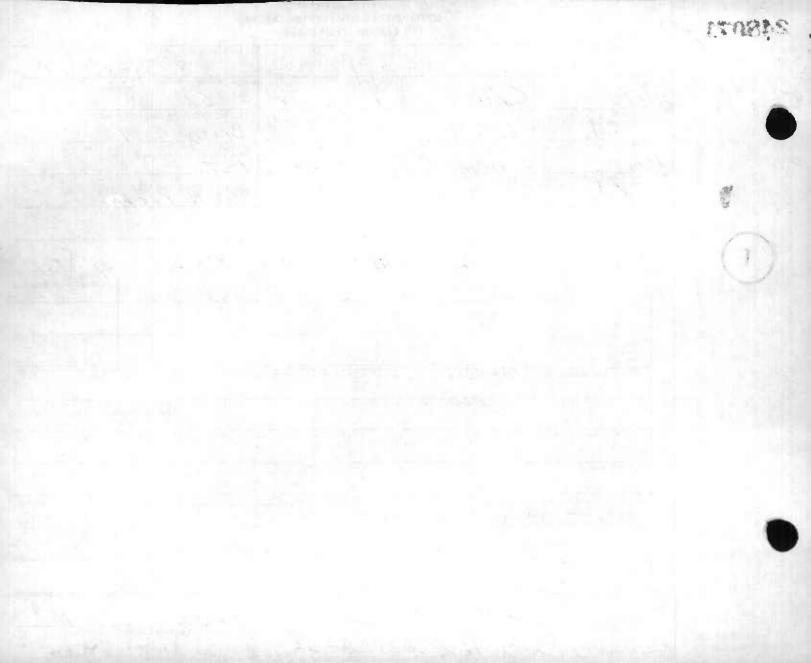
IFOR ... 18-2.2 9/3/... DEPARTMENT OF HEALTH AND MENTAL HYGJENE 246068 1 - STATE & MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) OF ESTI-OF Sally Campbell 8/ 26/ 1985 2. AND 3 TO THE FUNERAL DIRECTOR.
3. RETAIN PAGE 5 FOR YOUR FILES.
5. SHOULD BE FILED, WITHIN 72 HOURS ALL RECORDS, 201 W. PRESTON STREET, Μ. 4. RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 9:56 DATE OF BIRTH DATE DAY YEAR LAST BIRTHDAY PRONOUNCED DEAD 1985 53 26/ Female Black YRS 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE O FOREIGN COUNTRY)
S.C. MARRIED X NEVER MARRIED U.S.A. WIDOWED DIVORCED Baltimore City 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Leadenhall Street Baltimore HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 3a STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS2 13e STREET ADDRESS 13h COUNTY Md. Baltimore Leaden Hall St YESY NO 21230 18. GIVE PAGESJ, 2, A WITH FORM PM 35-4 NIT. PAGES 1 AND 2 SH E, DIVISION OF WITALE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST FIRST Kenny Wilson Sarah Rivers 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 247-70/6941 2200 Park Avenue Sarah Mae Campbell CAUSE OF DEATH (Enter only one cause per line for (a), (b) Land (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DISALTAMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY Rheumatic Valvular Heart disease, Mitral Valve IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) CERTIFICATION Acute Alcoholism 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21a, EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY XX. 228 I certify that I took charge of the remains described above, held on Autopsy Inspection and in my apinion Homicide death resulted from Natural causes Accident Undetermined manner TITLE (SPECIFY) ACTUAL 8/26/85 M.D. Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Gregory R. Kauffman, M.D. Penn St. (TYPE OR PRINT) ADDRESS. 230 BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Buria STATE 8/31/85 Mt. Auburn Cem. Baltimore Maryland 07/84 25M 24. FUNERAL DIRECTOR **DHMH - 17** Sandson Randalle 4300 Wabash Avenue AUG 2 9 March F/H (VR A15 ME (5))

STATE OF MARYLAND

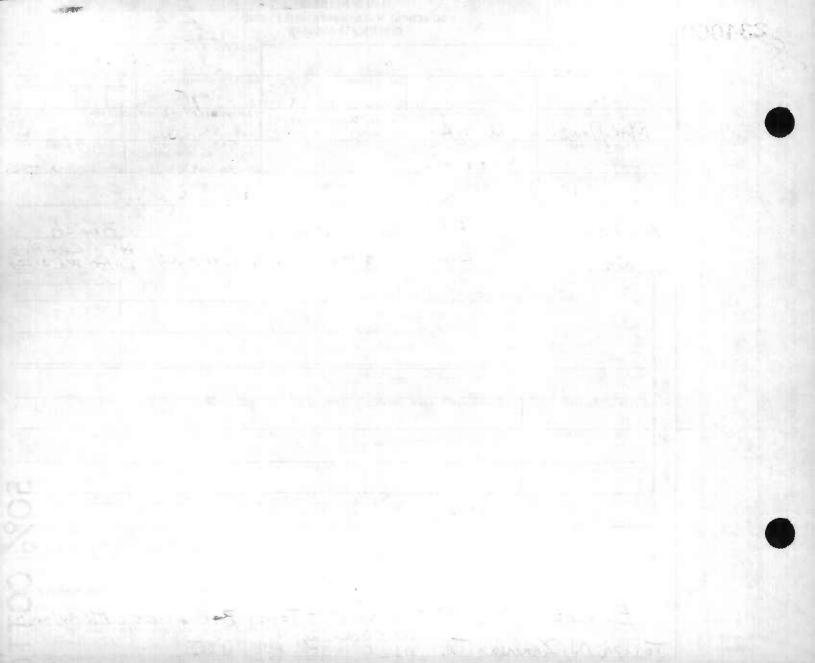
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248071	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HOGIENE 2 2 0 2 0 CERTIFICATE OF DEATH REG. NO.
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res that the again central med by the antiquing phones carbon provide, constitution by your other traumatic event.	ATION	PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO [19] CONDITION FOR WHICH OPERATION WAS PERFORMED
DIVISION OF VITAL RECORDS, DING PHYSICIAN: The law requir or attending physician. After this certificate has been sig e as the burial-transit permit. Ther alth and Mental Hygiene prior to the marked or frem 18 shaws any injury	MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI {IF EITHER, NOTHY MEDICAL EXAMINI 21a. INJURY OCCURED WHILE AT WORK AT WORK AT WORK	
TO HOSPITAL OR ATTENDIN retoined by the hospital or or TO FUNERAL DIRECTOR. Aftishold be detached for use or with the State Dept. of Health MAPORTANT. If them 21 is more	*	22a. I certify that (I) (this hasp saw the deceased aftire a	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7 2 7 2 7
BP	-	BURIAL, CREMATION, REMOVA SPECETY)	236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY MOSTAGE STATES OF COUNTY MOSTAGE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME (ZORONSK) FOR	WERRE HOME 2525 25 TENET ST. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



234069	1.	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HOC CERTIFICATE OF DEATH	REG. NO	2021
e 4 moy be ctor. page 3 s offer death		CEASED NAME FIRST CHURCK X	AIDOLE A. RACE	S. DATE OF BIRTH MONTH DAY YEAR (C) 2 15 10	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR 8 - 16 - 85 8 : 55 AM HOAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
rs ofter death. Pog	10. C	IRTHPLACE (STATE OR FOREIGN COUNTRY MARY AND ITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION (ADDRESS)	9 BALTIMORE CITY OF BUT CT 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF SHOW YORK MY	MD. 126. KIND OF BUSINESS OR WORKING LIFE) INDUSTRY
MARYLAND 2120) reg within 24 hours of the constitution of the con	113a. :	ATHERS NAME MI CHAEL	MIDDLE Klosi	VN 13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA FIRST WARE	MIDDLE	BARCH BARCH
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ADS, 201 W. PRESTON ST., squires that the death certification is signed by the attending phen please remove corbang to burial, cremotion, or remojury, or ather traumatic even	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOL	ic compactions		DITION GIVEN IN PART 1(o)
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HOSPITAL OR ATTENDING by the hospitol or the hospitol or the Hospitol or the Brown of the Store Dept. of Heol ORTANI: If them 21 is m		saw the deceased alive an	view the body after death.	DEGREE ATTENDING PHYSICIAN [deoth occurred on the do MEDICAL STAF DIRECTOR PHYSIC	AN D STOOLS
BP	L	BURIAL CREMATION, REMOVAL (SPECIFY) BURIAL UNERAL DIRECTOR	8-19-85 S	NAME OF CEMETERY OR CREMATORY PACKED HE TO JOSE 263. 5. CONTAINS 250. DA	234. LOCATION CITY OR TOWN TE REC'D. BY REGISTRAN	COUNTY



STATE OF MARYLAND

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24 St Service ... service s.v. physicis va.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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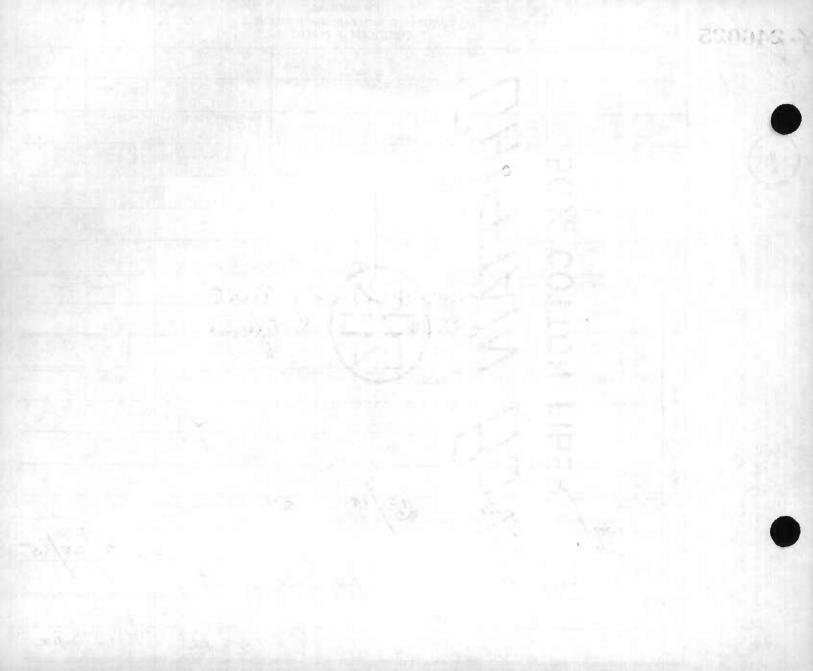
1.	FOR STATE REGISTRAR		DEPARTM		EALTH AND ME		REG. NO.	202	3	
	CEASED NAME FIRST CATHER	THE	ELEN		RROLL		20 DATE OF DEATH MON	27 1985	26 HOUR M	
3 SE		4 RACE		5. DATE OF BIRTH			6 AGE (IN YEARS LAST BIRTHDAY	Y) IF UNDER 1 YEAR		
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	ARYLAND	11.5	MARRIED NEVER MARRIED WIDOWED DIVORCED				BALTIMORE CITY MD.			
	ITY OR TOWN OF DEATH			HOME OR OTHER INSTITUTION		UTION	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			
I BA	ALTIMORE						PRODUCE RETAI			
3a. :	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	ROTHER INSTITUTION	13c. CITY OR TOWN BALTIMO		YES X 1	Y LIMITS?	136 STREET ADDRESS / ZIF 3700 Sequoia	Avenue, 2	1215	
14 F/	ATHER'S NAME	WIDDLE	LAST	444	15. MOTHER'S A		MIDDLE		AST	
BI	ERNARD	Н.				ON	E.	JON	JONES	
16a \	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SO		166 SOCIAL SECUR	OCIAL SECURITY NO.		T	ADDRESS			
NO				5958 ANDREW CARRO			LL, 3700 SEQU		NOVEMBER AND DEATH	
CERTIFICATION	Conditions, if ony, which gove rise to immediate cause io), storing the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0. 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NOW YES NOW YES NOW YES NOW YES NOW								DINGS USED	
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MEDICAL	21d INJURY OCCURRED	JRRED 21e PLACE OF INJURY			211 LOCATION	1	CITY OR TOWN	COUNTY	STATE	
	22a.1 certify that (1) (1) hospital attended the deceosed from									
	DEGREE ATTENDING M PHYSICIAN DI						MEDICAL STAFF DIRECTOR PHYSICIAN	/ 0	28/85	
	The Physicians of the Physician 22 5 green st.								/	
23a	BURIAL, CHEMATION, HEMOVA	AL 23% DATE			EMETERY OR CE		23d. LOCATION CITY OR TOWN	COUNTY	STATE	
	BURIAL				S MEMORI					
24 F	THUTTERET & SONS	FUNERAL	HOME ADDRESS	•		25a DAT	E REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGN		
	2501 GWYNNS FA	LLS PARK	WAY			A	06 2 9 1983	The state of the s		

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

BP.

TO FUNERAL DIFFECTOR As should be attracted for one with the Store Dept of Healt IMPORTANT If Healt 21 is need.



BP. DHMH - 16 60M 7/73 (VR A 15 (4))

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UNERAL DIRECTOR

CREMATION, REMOVAL

EMETERY OR CREMATORY

STATE OF MARYLAND

AUG 2 6 1985 Julia Dandon Aberta

Frederick Aue. CAtonsville, ma

YES [

COUNTY

. 19_____, that (1) (we) last

22c. DATE SIGNED

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2h HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

NO [

STATE

IF LINDER 24 HPS HOURS

IF UNDER 1 YEAR

within 24 hours ofte

BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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		REGISTRAR				CERTIF	CATE OF DEATH		REG. NO.			-3
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	3 SEX		4. (RACE		S. DATE O	F BIRTH YEAR	6 AGE (II	N YEARS LAST BIRTHDAY	MONT	HS DAYS	IF UNDER 24 HRS
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		18 CAUSE OF DEA	TH (Enter only)	ne couse per lin	ne far Ini III	otici O			-1		APPROXI	MATE INTERVAL
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		Conditions, if any	y, which	(b)	areve	ic a	rrythm	ev.				
		gave rise to in cause (a), state	ng the	DUE TO, OR	S A CONSEQU	ENCE OF	P. td		0 .			
		underlying caus	e last.	(c)	boher	we	wen a	bed				
	z	PART 2 OTHER SIG	INIFICANT CO	NDITIONS CON	TRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISE	ASE OR CONDITION	ON GIVEN	IN PART 10	
	CERTIFICATION	19n DATE OF OPERA	ATION	TION CONDITION	ON FOR WHICH	OPERATIO	N WAS PERFORMED	2Ba Al	ITOPSY 20	b. IF YES, W	ERE FINDIN	IGS USED
1	IFIC							YES	NOLIN	CERTIFYIN YES	_	OF DEATH?
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9		OR CONTRIBUTING		HOUR A.M.	MONTH D	AY YEAR						
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	×	WHILE NOT W	ORK	(AT HOME, STREET	I, FACTORY, OFFICE,	FARM, ETC)	SIREE		CITY ON TOWN			
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		saw the decea above, (1) (we)	sed alive an (did) (did nat) v	iew the body of	ter death.	ar	d that in (my) (our) apinii	on death accu	rred an the date o	and haur an	d I am the	couses stated
9 8		116 SIGNATURE	1 11	-1011	1		DEGREE	MEDIC	CTAFF	2	22L DATE	SIGNED
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1		22d. PHYSICIAN'S N			2 10.1		22e ADDRESS	40	C+ O	-		
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		SPECIFY) Buri		236 DATE			EMETERY OR CREMATOR	Y 23d LO	alto.	A A CC	DUNTY BU	ary la
		Dull	a.I	Aug. 10	, 1797	Ced	ar Hill Ce	mt. B	alto.	A.A.	CO .M	aryla

Balto.Md.2123025 Wileca Funeral Home, 130 E. Dort Ave. Balto.

24 FUNERAL DIRECTOR

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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	1			STATE OF MARYLAND		0 1 1
	1.	FOR STATE	DE	PARTMENT OF HEALTH AND MENTAL HY	GIENE 2	2 0 2 0
234162		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
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P	W C	ITY OR TOWN OF DEATH		JURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO	N 126 KIND OF BUSINESS O
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on a second	SU	AL RESIDENCE (IF NURSING HOME		E BEFORE ADMISSIONI	Bookkepp	21157
13 × XL	13a.	TATE / 130 COL	JNTY 13c CITY O	R TOWN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / :	ZIP CODE
1 2 3	14.5	ATHERS NAME	amol/ west	ministrate YES NO NO	1522 0/9	Ut Stminster fask
	17	FIRST	WIDDLE	15 MOTHER'S MAIDEN NA	MIDDLE	O / MASI
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e execu		WAS DECEASED EVER IN U.S. A		SECURITY NO. 17 INFORMANT	ADDRES	
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sicio ol.		18 CAUSE OF DEATH (Enter of	only one couse per line far (a),	(b), and (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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igne igne burn bury, s	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDI	TION GIVEN IN PART 110
The injurt	ō	89 neys	topenia,			
pring pring	3	190 DATE OF OPERATION	196. CONDITION FOR V	VHICH OPERATION WAS PERFORMED		206. IF YES, WERE FINDINGS USED
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10 10 10			nat) view the body ofter death.	, ond that in (my) (aur) opinian	death occurred on the date	and hour and from the couses stated
O . 558 =		22b. SIGNATURE	PAI	DEGREE		22c DATE SIGNED
. 4		Ausselle	. de un	ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIA	NA
TO HOSPITAL erained by th TO FUNERAL should be determined to the State with the State IMPORTANT: I	1	220 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		
TO HOSI		Russell R.V.	Elica Mil	1) Mel Can	er Contor 22 S.	Greene St. Batto Md. 2
TO He should with IMPO	73a F	BURIAL, CREMATION, REMOVA	13		123d LOCATION	Checker of a Dallella c
D.D.		SPECIFY		23c. NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
BP	24.5	burial	8/10/85	Westminster	Westmins	ster Carroll Md
DHMH - 16 60M 7/B4		UNERAL DIRECTOR	ADO	DECC MED CHITTID CET		b. REGISTRAR'S SIGNATURE
(VRA 15, 4)	D	משווש פתחדם	T HOME A12	Washington RD AUG	1 4 1985 4	lia Davidson-Randelle

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DIVISION OF VITAL RECORDS, 201 W. PRESTON 5T., BATTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1 DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR ?b. HOUR
	garet	Caulfield	August 20, 1985	7:05 PM
3 SEX	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White	12-12-1907	77 YRS	MONTOS DATO MIN.
OUNTRY	76 CITIZEN OF WHAT COUNT		9 BALTIMORE CITY OR COUNTY	OFDEATH
Baltimore	11. S. A.	WIDOWED DIVORCED	Baltimore City	MD
A CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE	RSING HOME OR OTHER INSTITUTION	17a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
Baltimore	Maryland Ge		Seamstress	a mousiki
WSUAL RESIDENCE (IF NURSING HOME 130. STATE 1136. CO	OR OTHER INSTITUTION GIVE RESIDENCE BE	EFORE ADMISSION)		01/221
Md.	Balti		616 S. Linwo	
14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME	1457
John	Caulfi			Pensker
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b SOCIALS	ECURITY NO. 17 INFORMANT	ADDRESS	21224
NO		1-6941 Martha	Rotunno/616 S.	
18 CAUSE OF DEATH (Enter	anly ane couse per line for (a), (b)	, ond (c).		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAU	SED BY: IATE CAUSE (a) Cardiopu	lmonary Arrest		14 Days
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Conditions, if ony, which		ebral Infarction		
gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE			
underlying couse lost	(c)			
	T CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION GR	VEN IN PART TIO
Severe anemia 190 DATE OF OPERATION		lenocarcinoma of th		
Y 190 DATE OF OPERATION	196 CONDITION FOR WH	HICH OPERATION WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH?
HIT.			YES NOW Y	ES NO
			CURRED (ENTER NATURE OF INJURY IN ITEM 18	PART (OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAMI		19		
21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	FICE, FARM ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY
AT WORK AT WORK				
22a.1 certify thoX(1) (this ho	spital) attended the deceased from	om July 29, 1985	- 10 August 20,	19_85 , though (we) lost
sow the deceased olive abave XI) (we) (did) (d)	on August 20,	9_85, and that in XX (our) opin	nion death occurred on the date and hou	
22h SIGNASURE	2 00	DEGREE ATTENDIN	G MEDICAL STAFF	221 DATE SIGNED
Samo	L. Phin	PHYSICIA	N DIRECTOR PHYSICIAN	8/20/85
224 PHYSICIAM'S NAME LITE		22e ADDRESS C/O	Martland General H	lospital
DAYANI	B. ELMA	M.D. 3023 E		s my y zet
23a. BURIAL, CREMATION, REMOV		234. NAME OF CEMETERY OR CREMATO	CITY OR TOWN	COUNTY
Burial	8/24/85	Holy Redeemer Ce		
24. FUNERAL DIRECTOR	ADDRE	155	DATE REC'D. BY REGISTRAR 75% REGIST	TRAR'S SIGNATURE
Lilly & Zeil	er Inc. 190	1 Eastern Ave.	400 40 BOO 1	

DHMH - 16 60M 7/B4

(VRA 15, 4)

Cardiogulmonary Arrest

Severe anesta secondary to adenocarcinosa of the colon

July 20, XX 85 August 20, 85

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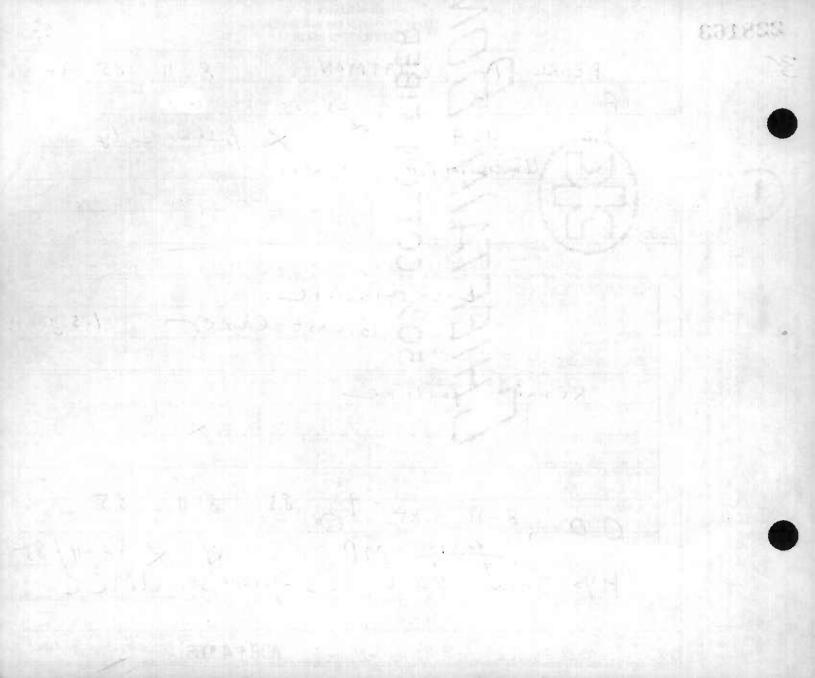
Anatomy Board

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

3032	1-	FOR STATE REGISTRAR		DEPARTM		ATE OF D	IENTAL HYGI EATH	REG. N	10.		Ö
death		CEASED NAME MATE		DDLE	Ch	ase		20 DATE OF DEATH	S NONTH	19 85	3-30 P
ector. po	3. SE.	× . 4	RACE		5. DATE OF	BIRTH DAY	YEAR	6. AGE (IN YEARS LAST BE	YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
in 72 hou		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	MARRIED WIDOWED	NEVER M	ARRIED ORCED	BaltoC	_	Y OF DEATH	MD.
by the fu	111	TY OR TOWN OF DEATH	(IF NOT IN SUCH	OSPITAL, NURSING FACILITY, GIVE STREET A AN HOSP.		OTHER INST	TUTION	12d. USUAL OCCUPAT (TYPE OF WORK FOR MOST) Waitress			of Business or urant
filled in nould be	13a S	AL RESIDENCE (IF NURSING HOME OF		WE RESIDENCE BEFORE 30 CITY OR TOWN Balto.	V 11:	Rd. INSIDE CI	IY LIMITS?	13e.STREET ADDRESS 1213 Light			
End 2 st	14 FA	ATHER'S NAME FIRST	WIDDLE	LAST	11		MAIDEN NAA	WIDDLE		LAS	at III
the medical	- 0	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN } (IF YES, GIV NO	MED FORCES?	220-12-4	ALC: A	7 INFORMAI	ΝT	ADDR	ESS		
signed by the attending principle problems or corbonately to burial, cremation, or remainingly, or other troumatic event,	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last	DUE TO, OR	AS A CONSEQUE	NCE OF	W. 9	to the term		OITION GI	24 SéV	15 29E
te hos beer assi permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATION	WAS PERFOR	RMED	200 AUTOPSY?	IN CERTI	S, WERE FINDING CAUSES	NGS USED S OF DEATH?
certifica irial-tras ental Hy frem 18	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M	MONTH DA	Y YEAR			ED (ENTER NATURE OF INJ	JRY IN ITEM 18	PART (OR PART 2)	
fter this as the but th and M arked ar	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE O (AT HOME STREE	F INJURY ET FACTORY, OFFICE, FA		If. LOCATIO	N	CITY OR TO)WN	COUNTY	STATE
for use of Heals		27a. certify that (1) (this haspi saw the deceased alive an abave, (1) (we) (did) (did no	8110	195	\$ 11 \$, and	that in (my) (aur) apinian d	ta ta	late and ha		that (I) (we) last causes stated
VAL DIREC detoched ote Dept. VI: If Item		27h. SIGNATURE		Maser	7	111/ P		MEDICAL STA	FF CIAN []	22c. DATE	22/85
should be detail with the State		AMATUM	N PRINT)	JAEE	m	612	Pre	ovidence	Po	& Belle	omp
- 5 3 2		BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	23b. DATE 8/22/		AME OF CEA	NETERY OR C	REMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
- 16 60M 7/B4 /RA 15, 4)	24 FI	UNERAL DIRECTOR NAME Anatomy B	oard	ADDRESS	Balt	o., Md	1110	2.9 1985		TRAR'S SIGNAL	UREDZ



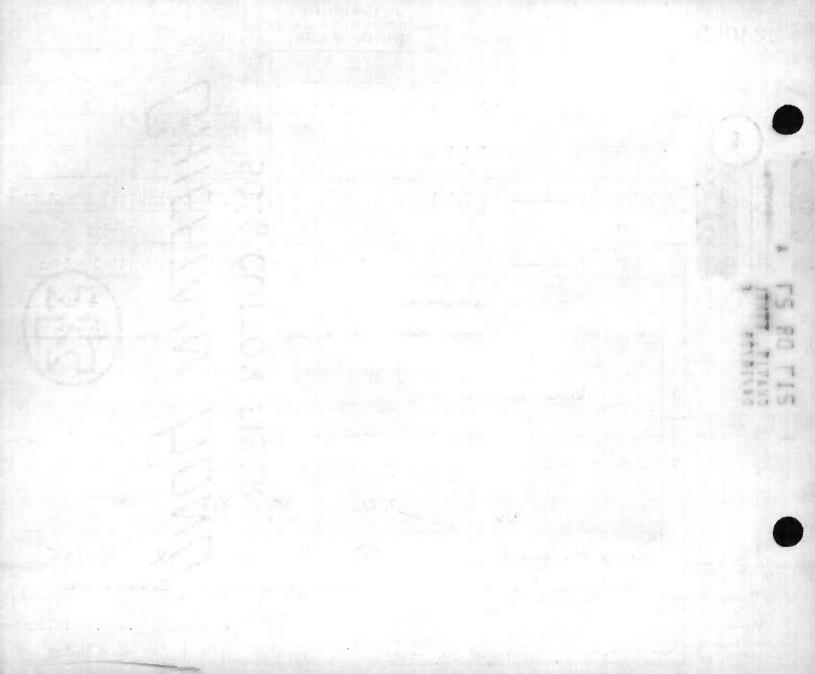
228163	1.	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY, FICATE OF DEATH	DIENES 2	202	9
3 oy be 3 death	(TYP	CEASED NAME FIRST PEAK		CHAT	MON	26. DATE OF DEATH	NONTH DAY YEAR	9 P M
ge 4 moy rector, pour urs after d	3. SE	F	1 RACE B	5. DATE (6 AGE LIN YEARS LAST BIRT	MONTHS DA	
merol din 72 hou		COUNTRY)	76 CITIZEN OF WHAT	COUNTRY? 8 MARRIE WIDOWI	h 1	Baltimore city o		MD.
Seiled The Fee		Baltimore	University	TY, GIVE SPEET DORESSY	ancer (tr.	12a USUAL OCCUPATION OF WORK FOR MOST OF	FWORKING LIFE) INDUST	ID OF BUSINESS OR
AND 2120	130 Nar	AL RESIDENCE (IF NURSING HOME O STATE 136 COU yland	NTY 136 C	sidence before admission) ITY OR TOWN Caltimore	134. INSIDE CITY LIMITS? YES 😿 NO 🗌	130 STREET ADDRESS /	ZIP CODE	#602 2121
BALTIMORE, MARYLAND cote be executed within a pers. Poges I and ? Incurrently vol. it, the medicolexentnier mus.	Fa	irfield		allace	Viola	MIDDLE		Eliams
be execution on ond con on		VAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES!	7-26-4969	Linda Thorn	ADDRE ton 1144 Shi	elds Pl	21217 ROXIMATE INTERVAL EEN ONSET AND DEATH
DIVISION OF VIT AL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death certicateding physician. After this certificate has been signed by the attending past the burial-transit permit. Then please remove carbon than Amenal Hygiene prior to burial, cremotian, or renorted or term 18 shows any injury, or other troumofic events or the most property or other troumofic events.	TION	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying cause last	(b)	CONSEQUENCE OF BUTING TO DEATH BUT	2	minal disease or cone	DITION GIVEN IN PART	
OF VITAL REC CLAN: The low g physicion. entificate has bi oil-tronsit perm and Hygiene pr em 18 shows or	AL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	21b. TIME OF INJU	FOR WHICH OPERATION JRY MONTH DAY YEAR 19	21c HOW INJURY OCCUP	200 AUTOPSY? YES NOTER NATURE OF INJUR	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	SES OF DEATH?
TO HOSPITAL OR ATTENDING PHYSIC retoined by the hospital or attending TO FUNERAL DIRECTOR: After this cer should be detached for use as the burior with the State Dept. of Health and Menti MPORTANT; if them 21 is marked or the	MEDICAL	226. I Certify that (I) (this hosp saw the feces of alive or above. (I) (we) idid (did no 226. SIGNATURE)	21e. PLACE OF INJ (AT HOME, STREET, FAC sitol) offended the dece	eosed from 19 8	22 S 9	city or too	1985 te and hour and from 1	_, that (I) (we) lost
BP		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	8-15-85		emetery or crematory morial Park	23d LOCATION CITY OF TOWN Raltimore		Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR NAME ILEU-DOUGLASS F	uneral Home	ADDRESS 2. 1348 N C		106 1 4 1985	256. REGISTRAR'S SIGN	n-fander



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST 20 DATE OF DEATH MONTH DECEASED NAME 2h HOUR (TYPE OR PRINTS ETHEL CHAVIS AUGUST 6. 1985 7:24 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4. RACE 5 DATE OF BIRTH MONTH YEAR 66 YRS | | BALTIMORE CITY OR COUNTY OF DEATH Female American Indian Apr 10. TO BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY MARRIED X NEVER MARRIED BALTIMORE CITY North Carolina 12b. KIND OF BUSINESS OR 120 USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WORKING LIFE BALTIMORE JOHNS HOPKINS HOSPITAL Home maker JUHN

JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION

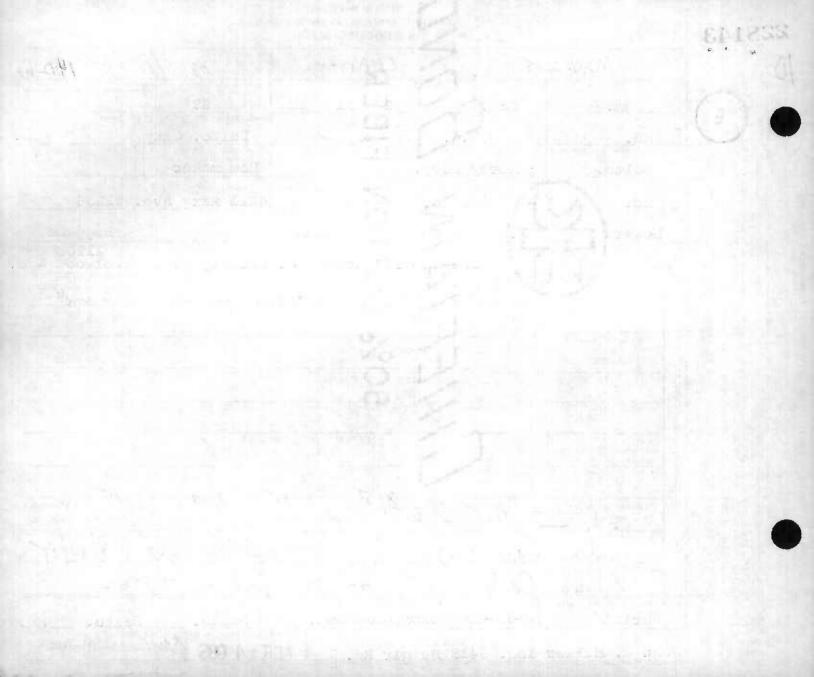
30, STATE 37 Patterson Park Ave 21231 Baltimore 13d INSIDE CITY LIMITS? Maryland YES P 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Jim Hammonds Brooks 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT Caroline Hardin Lumberton, North Carolina APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY 3 MIA IMMEDIATE CAUSE (a). 3 wes intra abdominal sepsis gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOTA 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 71e PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the bady after death DEGREE 22c. DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 77e ADDRESS MPORT, Johns Hopking Hospital 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial Aug 11,85 Harpers Ferry Baptist Cem Robeson Co. The Dippel Funerallowe Homes, Inc. DHMH - 16 60M 7/84 7110 Belair Rd. Baltimore, Md. 21206 (VRA 15, 4)



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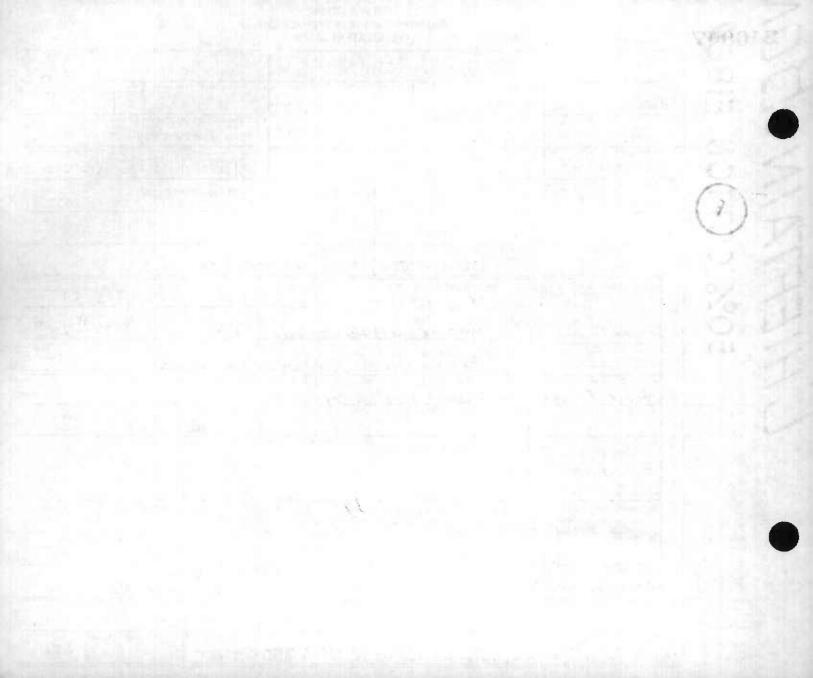
STATE OF MARYLAND



STATE OF MARYLAND

(VRA 15, 4)

STATE OF MARYLAND



STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HOGIENE CERTIFICATE OF DEATH

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26 HOUR

REG. NO

	CEASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
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3. SE	X	4 RACE	S. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DATE	IF UNDER 24 HRS
	Male	White	MONTH	3-10-1899	86	YRS	MONTHS	HOURS MIN.
7a. B	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OF		Y OF DEATH	
//	Ukrain	U.S.A.	WIDOWE		Baltimo	ore (City	MD.
7 100	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME C		120 USUAL OCCUPATIO	NC	126 KIND C	OF BUSINESS OR
5,	Baltimore	Church Hospi	tal		Farmer	WORKING LI		-Employ
USU	AL RESIDENCE (IF NURSING FOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION				2	1220
5 130	Md. Ba	ltimore 13c CITY OR TOW	N	134 INSIDE CITY LIMITS?	12101 But	toni		
7 JL F.	ATHER'S NAME			15 MOTHER'S MAIDEN NAM	ΑE			0.220
50	Fedor	MIDDLE Cily	k	Eudokia	MIDDLE	T	Jnknow	n
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		17_INFORMANT	ADDRE:		2122	
4	YES, NO ORUNKNOWN) (IF YES, GIV	215-30-	0734	Michael Ci	lyk 12101	Buf		
	18 CALISE OF DEATH (Enter on	ily one cause per line for (a), (b), on						(MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE	CARDTOP		NARY ARREST			BETWEEN	ONSET AND DEATH
	IMMEDIAL	E CAUSE (0)				0.00		
	Conditions, if ony, which	DUE TO, OR AS A CONSEQUE		ACUTE M I				
	gove rise to immediate couse (a), stating the	DUE TO OR AS A CONSTOUR	ENICE OF		In a say			
	underlying couse lost.	DUE TO, OR AS A CONSEQUE	ENCE OF					
	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIV	VEN IN PART 1	0
NO NO								
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDS	
III III	200				YES NOXX		ES	NO [
3 H	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	AV VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART 1 OR PART 2)	
1 3	OR CONTRIBUTING CAUSE OF DEA	(IH	19					
MEDICAL	216 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F	anu FICI	211 LOCATION	CITY OR LOV	WN	COUNTY	STATE
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	22a.1 certify that (1) (this hospi	tol) ottended the deceased from_	8-18	19_85				that (I) (we) last
	sow the deceased alive on above, (I) (we) (did) (did no	8-18 1) view the body ofter death.	85, or	d that in (my) (our) opinion o	death occurred on the do	te and hav	ur and from the	couses stated
	22b. SIGNATURE			DEGREE			22c DATE	SIGNED
	Lessen	- Culor	77	ATTENDING PHYSICIAN	MEDICAL STAF	IAN	330	
7	22d. PHYSICIAN'S NAME (TYPE O	PRINT)		22e ADDRESS CHURCI	H HOSPITAI	COL	RP.	
/	MUKESH T	UHAR M.D.			ROADWAY BA			21231
MPORTAN	BUBLAL CREMATION REMOVAL	1231 DATE 123. 1	LAME OF C	THE TERV OR CREW AT CRY	1224 LOCATION			

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

MUKESH LUHAR M.D. 23e BURIAL, CREMATION, REMOVAL 23b. DATE

& Zeiler Inc.

8/21/85

Burial

24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY St. Andrews Uk.

Eastern

23d LOCATION Baltimore

Md.

William Street Comment on the Avenue of the Comment of the Comment

232025	1	- STATE NUMBER REGISTRALL 8-21	7A PER.PH., DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	GIENE 2 2 0	3 6
ge 3		ECEASED NAME Christ	tos Nicholas Cla	ros		AV YEAR 26 HOUR AS AM
	3. S	Male	4. RACE White	5. DATE OF BIRTH MONTH 4 29 1901	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
A STATE OF THE STA	1	EGYPT USA	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWES DIVORCED		CITY MD.
		Baltimore	(IF NOT IN SUMARY TAND		IZO USUAL OCCUPATION (1YPE OF WORKER MOST OF WORKING LIFE) RETITED	12b. KIND OF BUSINESS OR INDUSTRY
	130.	md 13b. col.	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE INTY 13c. CITY OF TOW Baltimo	N 13d. INSIDE CITY LIMITS	2801 Rayner	Love. 16
1300		ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN I	WIDDIE 0	LAST
the medical	160	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 16b SOCIAL SECU IVE WAR OR DATES) 111051	- 10	ADDRESS	
ng physici ng physici bon popel removol.		PART I. DEATH WAS CAUS	inly one cause per line for (a), (b), and ED BY: ATE CAUSE (b)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the death certified of the other ding Fremove carbon entrolling, or remer traumatic events		Conditions, if any, which gove rise to immediate	(0)	ovascular infurct		15 days
s that s that ed by slease rial, creat, or oth		underlying cause last.	10	ertension		
been sign mit. Then prior to bu	ATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	RMINAL DISEASE OR CONDITION GIVE 200 AUTOPSY? 206 IF YES,	N IN PART 1(0 WERE FINDINGS USED
W see S	CERTIFICATION	210. ACCIDENT WAS UNDERLYING			YES NO YES	ING CAUSES OF DEATH?
HYSICIAN: The dding physicion is certificate buriol-tronsit in Mentol Hygies or Item 18 sho	MEDICAL C	OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	HOUR A.M. MONTH DA	Y YEAR 19 21f. LOCATION	ONNED TENTER NATURE OF INJURY IN HEM 18 PAR	C + OR PART 2}
DING PH or other After the se os the olth and marked a	ME	WHILE NOT WHILE AT WORK 278 certify that (1) (1) (1) have	(AT HOME, STREET, FACTORY, OFFICE, FA		CITY OR TOWN	COUNTY STATE
hospital to hospital to head for us bed for us tem 21 is	ı	sow the deceased give or above (iii) wei (did) (did no 22b. 5IGNALORE	ottal attended the deceased from	00	on deoth accurred on the date and hour	and from the causes stated
		22d. PHYSICIAN'S NAME (TYPE	Thomps, MD	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	8/12/85
TO HOSPITAL retained by the TO FUNERAL Is should be deto with the Store [IMPORTANT: #	230	DOUGLAS BURIAL, CREMATION, REMOVAL	Proops	N. Charles		imore, MP
BP		(SPECIFY) Burial	Aug.15,1985 Gr	eek Orthodox	Woodlarm Rol	to. Md.
DHMH - 16 50M 4/82	24 F	Leonard J. Ruc	k Inc. Baltimorre.	25a. D	ATE REC'D. BY REGISTRAR 24 REGISTAL	SIGN TRE

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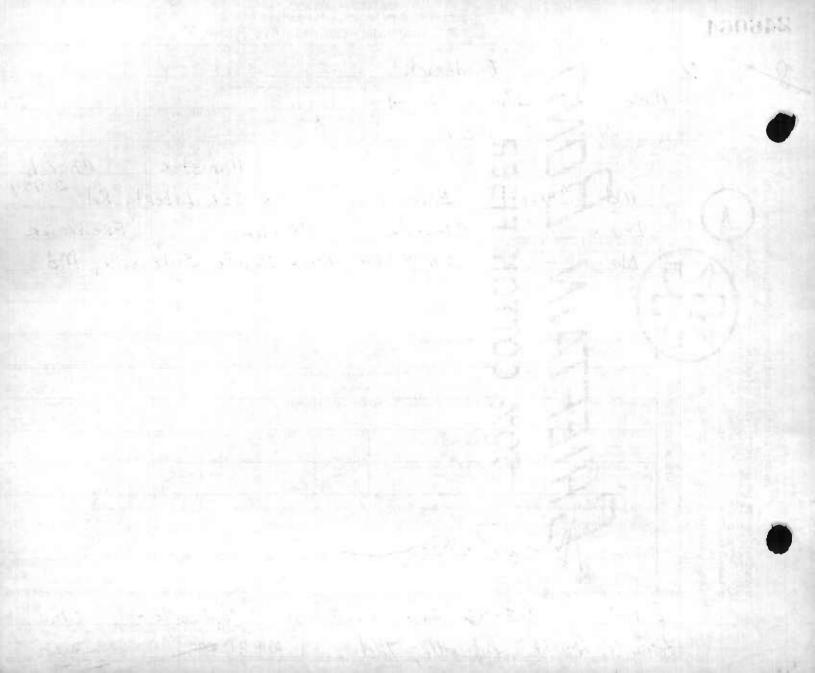
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21301	12
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	OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within

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DHMH - 16 60M 7/B4 (VRA 15, 4)

		OR			DEPAR		HEALTH AND ME	NTAL HYGH	ENE	la la	U	3	0
. 1		STATE				CEDIL							
		REGISTRAR				CEKIII	FICATE OF DEA	HTA	DEC	NO.			
1	DECE	ASED NAME	FIRST	MI	DDIE		LAST		20. DATE OF DEAT	H MONTH	DAY	YEAR	2h HOUR
	(TYPE OF					01	A	100	Ze. DAIL OF BLAF				
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3	SEX		4	RACE		5. DATE	OF BIRTH	YEAR	6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UN	DER I YEAR	HOURS 24
		F		P	3	03	14	16	69	YRS	-	- DATS	-
7	o. BIRT	HPLACE (STATE OR FO	REIGN 7b	CITIZEN OF W	HAT COUNTR	Y2 8			9 BALTIMORE CIT			DEATH	
3	COL	Virginia		USA		WIDOW		RCED 🗌	Baltimo				
20		ORTOWN OF DEAT		(IF NOT IN SUCH	FACILITY, GIVE STR	REET ADDRESS]	OR OTHER INSTITU		(TYPE OF WORK FOR ME			26 KIND C NDUSTRY	OF BUSINES
20		RESIDENCE (IF NURSIN	7	HER INSTITUTION G		May 191	-	1001					
-	13a ST/	ATE 1	36 COUNTY		3c. CITY OR TO		134 INSIDE CITY	LIMITS?	13e.STREET ADDRE			1 ~	10.0
			Balt. (Sity	Baltin	ore	YES 🔀 N	0 🗆	2011 Be	lare Ro	d 1		1213
11	4 FATH	HER'S NAME	44 IP	DDLE	LAST		15. MOTHER'S M					I.A.	
O		John	MIL	, ott	Dula		FIRS	oker	MIDDI	-			B76
1 11	60 WA	S DECEASED EVER IN	U.S. ARME	D FORCES?	6b SOCIAL SE		17 INFORMANT	01.0	AD	DRESS	-	710	0, -
71		NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES	199 . 05			5-1-13	2	0			
		NO		- '	144.03	- 4111	Etta Vo	Lugha	2011	Bela	4	89	
	. 18	CAUSE OF DEATH	Enter only	one cause per li	ne for lat, (b),	ond ic						BETWEEN	IMATE INTERVA
		PART I. DEATH WA		BY	4.4	0							
		11	MAMEDIATE	CALISE (a)	Urem	IA							mont
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			STATE OF MARYLAND	3		
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1) Mary 1	2	PE OR PRINT) LEWI	OF ESTI-	9 19 85		
ACHOM .	1 SE		S DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 24 DATE MONTH	DAY YEAR 24 HOUR		
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SERES.	Chi. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION [IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS] 120. USUAL OCCUPATION (17PE OF WORK 12) FOR MOST OF WORKING LIFE!	OR INDUSTRY		
SOM BOOK	211	Baltimore	University Hospital (STU)	Church		
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	2130	STATE MI NAMEOUN	REAL Eldersburg YES . NO \$ 351 Liberty R	1 21/184		
o Contra	14. F	ATHER'S NAME	15 MOTHER'S MAIDEN NAME	4 .		
	OV:	FIRST		AST		
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PRESTON THIN 24 F SIL IN ITEM NAST PER REMOVAL		0181	DUE TO, OR AS A CONSEQUENCE OF			
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NAME OF THE PARTY	1	lying cause lost.	(e)			
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6 H25540	MEDICAL	CONTRIBUTING CAUSE OF	DEATH 2:31P.M. 8-5- 1985 Passenger in auto/auto collision.			
PASS SECTION AND AND AND AND AND AND AND AND AND AN	18	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, 211 LOCATION STREET CITY OR TOWN COUNT	Y STATE		
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A DA OTA	4	The state of the s	Accident X, Suicide . Homicide . Undetermined monner .	on .		
NEW CONTRACTOR	9	A A				
MACOUNT.		ACTUAL ///	TITLE (SPECIFY) Accident	8-29-85		
2 E 3 E 3 E	6	SIGNATURE	Assistant MEDICAL EXAMINER SIGNED.	0-29-03		
A PARTY OF	1	EXAMINER'S NAME Ann	n M. Dixon, M.D. appess 111 Penn St., Balto., MD	21201		
PAGE PAGE	770-1	IAL, CREMATION, REMOVAL 2	ADDRESS			
11	100	(FIFY) -	CUN OR TOWN COUNTY	A L STATE		
07/84 BP	24	UNERAL DIRECTOR	9-3-95 Miami Valley Memorial Centerville	ONIO		
DHMH - 17	19	NAME 11 4/1 - 1	I whose AA AA			
(VR A15 ME (5))	1/2	ally W. Haller	& Sylveville Md. AUG 30 1985 La Davidson	- Pandam-		



STATE OF MARYLAND

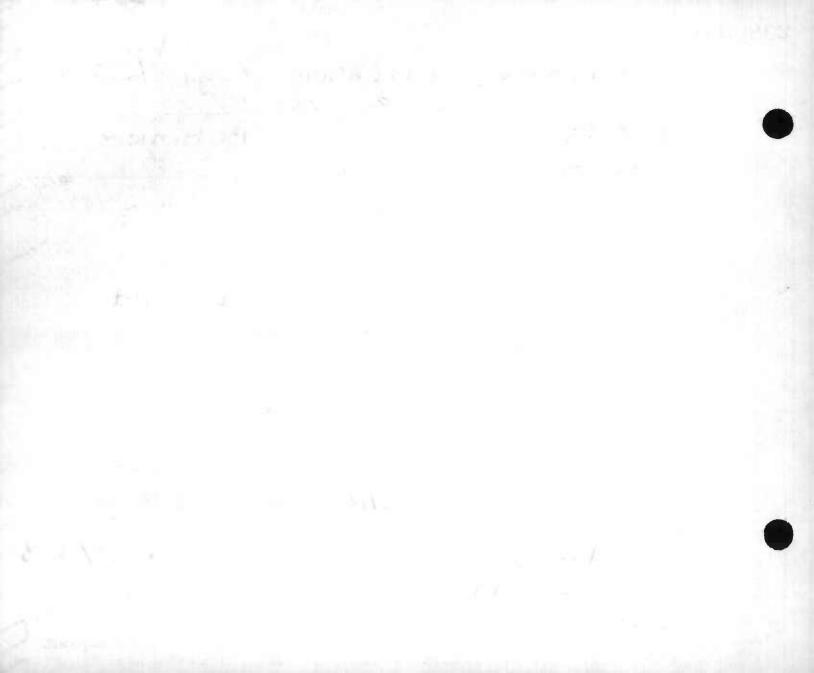
DEPARTMENT OF HEALTH AND MENTAL HYGGENE

1	- STATE REGISTRAR			IFICATE OF DEATH	REG NO.			
	ECEASED NAME	NNA "	" CL	FFord	% DATE OF DEATH MONT	23-85 2 PM		
1.5	6X	4 RACE		OF BIRTH	& AGE CHATEARDIAST BRITISDAY	MONTHS DAYS HOURS MAIN		
1	FEMALE	WHITE	APR		77	Y#5		
70	BIRTHPLACE ISSUE DEFORE	ON 7% CITIZEN OF WI	AT COUNTRY?		I BALTIMORE CITY OR CO			
	COUNTRY)		MARR	ED NEVER MARRIED				
	CITY OR TOWN OF DEATH	U.S.A.	Commence of the Commence of th	OR OTHER INSTITUTION	BALTIMORE C	171 MD. 17h KIND OF BUSINESS OR		
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7	DID (120	1000	Secoula	HOLD.	FOOD STORE	OWNER		
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16	DBERT	HIDDLE	LOHRMAN	MINNIE	MIDDLE	BEHNKE		
	WAS DECEASED EVER IN I	U.S. ARMED FORCES? TH	A. SOCIAL SECURITY NO		ADDRESS	DESTRICTS		
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	DUE TO, OR AS A CONSIDER CON SECURITY OF THE CONTRACT OF THE C							
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		the DUETO OR A	HONT WELL	1090tale	- (a			
	1 1000							
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9	214 INJURY OCCURRED		INJURY FACTORS OFFICE PARK STC. I	7H LOCATION	CITY OF TOWN	COUNTY STATE		
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1	22x1 certify that (t) (th	is hospital at Production	deceased from2	2110	10_ 10	19 that (f) (we) last		
	term the decament	divelon 8 2 4	10 86	and that in (my) (our) opinion	death accurred on the date of	nd hour and from the causes stated		
1	276 SIGNATURE	and not view the body of	her death.	DEGREE		THE PARE SIGNED		
ı	19	goldel) 2	0 (1	ATTENDING	MEDICAL STAFF	1 4102/01		
1		V X	1	The second secon	DIRECTOR PHYSICIAN	0 10 00 8		
	774 PHYSICIAN'S NAME	X carried 1		22e ADDRESS		1		
		/\/			THE RESIDENCE			
731	BURIAL CREMATION, NY	MOVAL TESH DATE	23c NAME OF	CEMETERY OR CREMATORY	234 LOCATION			
	BURIAL /	8/26/85		AL LUTHERAM CH	CITY DRIVINGS	MARYLAN		
		11940160	THE PROPERTY.	4 10 4 4	JEREC D. BY REGISTRAR 2th.	A THE PARTY OF THE		
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DHMH - 16 60M 7/84 (VRA 15, 4)

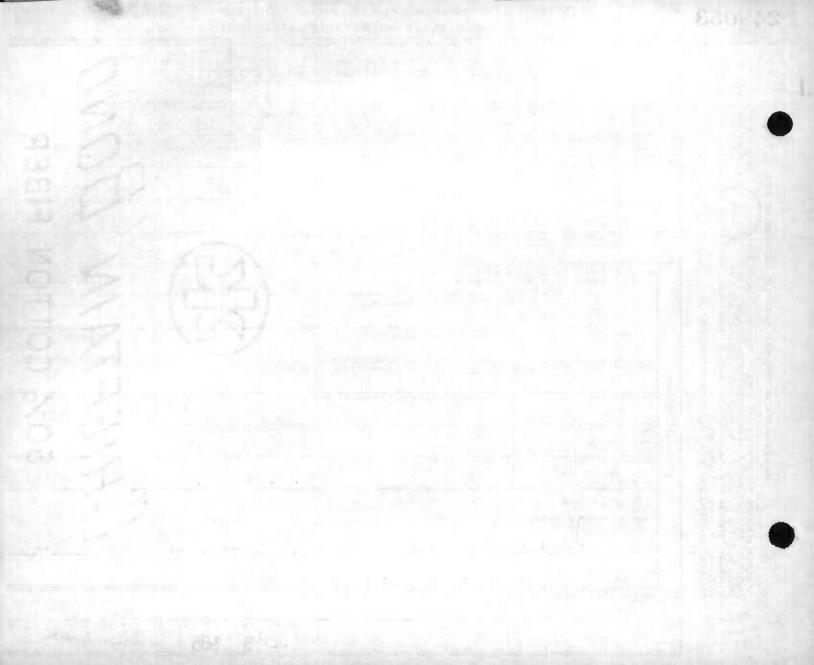
STATE OF MARYLAND

238033	1.	FOR STATE REGISTRAR	DEPARTMENT OF	HEALTH AND MENTAL WYG FICATE OF DEATH	REG. NO	2 0 4 3
ofter death. Page 4 may be yet the funeral director, page 3 ded within 72 hours ofter death	3. SE	MAL SURTHPLACE (STITE FOREIGN) 76.	S. DATE S. DATE S. DATE		6. AGE (IN YEASTAS BIRT 9 BALTIMORE CITY O	YRS. MONTHS DATS HOURS MIN. RCOUNTY OF DEATH THE STATE OF THE STATE
ed within 24 hours of mpletely filled in by ond 2 should be factored as well as the property of the state of	130	AL RESIDENCE (IF NURSING HOME OF OTE STATE) THE STAME AME AME AME AME AME AME AME	BA110'	13d INSIDE CITY LIMITS? YES NO 1 15. MOTHER'S MAIDEN NAME: 15. MOTHER'S MOTHER'S MAIDEN NAME: 15. MOTHER'S MOTHER	13e STREET ADDRESS	DZIP CODE WYM FAIT KWY 3 IAST
in that the death certificity be secutively by the attending physician and of plans response to bold part in a gestimation, commotion, a cemental medical contrast traumatic execution and analysis.		Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last	ar OR DATES) 3/6/3-1335 sine cause per line for (a), (b), and (c), Y	17 INFORMANT OF THE LERM	I'm e Be	MAN 3 10 19 18 HAM APPROXIMATE MIERVAI BETWEEN ONSETAND DEATH
The law required to the base has been by that been by the permit. The special phone prior to the special phone	CERTIFICATION	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION		200 AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{\color} \) NO \(\text{\color} \)
HOSPITAL OR ATTENDEND PHYSICIAN and by the hospital or otherdring plays FUNERAL DIRECTOR. After this certificated for use as the burild-has the State Dept. of Neorth and Membel 19. ORTANE. If New 21 is morked or New 18.	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHITE ALWORK NOT WHITE ALWORK 22d. I certify that (I) (this hospital) saw the deceased alive on above, (I) (we) (did) (did not) vi 22b. SIGNATURE	HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY IATHOME, STREET, FACTORY, OFFICE, FARM, ETC.) ottended the deceosed from 19	211 LOCATION SIREET 3 19 55 and that in (my) (aur) opinion of DEGREE ATTENDING	CITY OR TO	COUNTY STATE 13. 19.65 that (I) (we) lost the and hour and Irom the causes stated 22c DATE SIGNED
BP	1	BUBIAL, CREMATION, REMOVAL SECRY UNERAL DIRECTOR,	236. DATE 236. NAME OF 236. NAM	CAMETERY OR CREMATORY NIST CAMETERY OF CREMATORY 255 DAT ANTHORN AUG	23d. LOCATION (VORTOWN) E REC'D. BY REGISTRAR 2 2 1985	



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10.3	0000	1-	STATE REGISTRAR						ERTIFICATE		TLI	REG. NO.		4	
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	EAS PURES	3. SEX		4 RACE	N JUNIO	JR	6 AGE (IN YEA	OLEMA RS LIF LIN		ER 24 HR5.	2c. DATE	7	MONTH DAY	19 YEAR	2d HOUR
_	REC JR F STI STI				MONTH DAY	YEAR	LAST BIRTHDA		DAYS HOURS		PRONOUNCED	Ω.	-25-85	-1	
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-	SES THE A		RTHPLACE (SI	TATE OR	76 CITIZEN OF WH	AT COUNT	RY?	8. MARRIE	D NEVER MAR	RRIEDXX	9. BALTIMORE	_		DEATH	
	NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS W PRESTON STREET,		rgini		U.S.A			WIDOW	DIVOR	RCED	Baltin				MD.
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0	83290 -	16a V		D EVER IN U.S. ARA		lemai	AL SECURITY	NO	17. INFORMANT		AT				
M.	##5555 \	(A)	ES, NO, OR UNKNO	(IF YES, GIVE	WAR OR DATES)					_			ainsfi		
N. S.	ASERAS.	1	10				-74-0	51/	Jessie	Cummi	ngham	3/1			
12	SE S		18 CAUSE O	ATH MALAC CALLEED	y ane cause per line f								BETY	PPROXIMATE WEEN ONSET	INTERVAL AND DEATH
Z	IIN 24 HO IN ITEM 1 R ALONG ISIT PERM HYGIENE MOVAL		, AKTIOL	IMMEDIAT	E CAUSE (a) Sho	tgun	wound	of h	ead with	compl	ication	S	113		
STC	WITHIN 24 PENCIL IN ITER MINER ALON TRANSIT PER INTAL HYGIEL OR REMOVAL				DUE TO, OR A	S A CONS	SEQUENCE C)F		VI.					
<u>a</u>	WITHIN SINER A AINER A TRANSIT VIAL HY OR REMC			ns, if ony, which se to immediate	(b)										
₹	WITH ENCIL MINER MINER MINER FINTAL OR RE		cause (o)	stating the under-	DUE TO, OR A	SACONS	EQUENCE O	F		11/9/	440				
201	N. N. S.		lying cau	se last.	(6)										
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	DE EXECUTED ENDING" IN PERFORMANCE EXAM AS A BURIAL - ALTH AND MEN CREMATION, C	13	PART 2 OTHER SI	GNIFICANT CONDITIONS (ONTRIBUTING TO DEATH BU	IT NOT RELATI	ED TO THE TERMI	NAL DISEASE	OR CONDITION GIVEN IN	PART 1 (a)					
Ö	PENDIN FEMDIN FE MEDIC SED AS A E HEALTH /	Z													
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2	CE SE	ME	WHILE	NOT WHILE	CYDEET CACTO				Ö blk. E.	0011	CITY OR TOWN		COUNTY		STATE
_	WAR WAR VAR		AT WORK	AT WORK	Str	eet		120	U DIK. E.	20th	St. B	altın	nore, M	aryla	ind
	ATE, ORV ORV IES IES	100	22a. I certil	fy that I taak chorge	e of the remains descr	ibed abav	e, held on	Autops	Inspect	tion .	Inquiry	, and	n my apinian		
	EXAMINER CERTIFICATION OULD BE FOR I DIRECTOR: I, WITH THE MARYLAND		death results	d from Natur	al causes .	Accident	Suid	ide .	Homicide X	Undete	rmined manner	\Box			
	ERTINE DE PARY				- 1	11	1.		TITLE (SPECIFY)						
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	D MEDICAL EXAMIN GEOUTE THE CERTIFIC AGE 4 SHOULD BAGE 4 SHOULD BAGE FIFE FIER DEATH, WITH TI ATTMORE, MARYLA		EXAMINER'S (TYPE OR PRIN	NAME Mar	rgarita A.	Kore	11,M.E).	DDRESS 111 P	enn S	treet				
	BATO PAGE				B DATE	23c N	AME OF CEM	ETERY OF	CREMATORY	[23d LO	CATION				
07.0		E	URIAL	TION, REMOVAL 2	9/3/85	Sac	red F	Tear	t Cemete	EITY,	PRIOWN 2 1 + i ma	ro	COUNTY	Md. STA	ATE
07/84 25M	BP		JNERAL DIREC					-041	25g. DAT	E REC'D. RY	REGISTRAR 25	b REGISTI	RAR'S SIGNAT	LIRE	
	DHMH - 17				Inc. ADDRESS	01 E	Nort	h Av	enue SE			No. No	widson-A	andell.	
	(VR A15 ME (5))	7721	. 0 1.0.	/ 11	1110. 11	<u> </u>	1101 C	AI FIV	CITUG SE	P 3	1985	بالله المالة	~ (do) - 1		

STATE OF MAKICATO



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BALTIMORE, MARPLAND P.

page 3

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HOGIEN CERTIFICATE OF DEATH

60.00	Gues	10

	CERTIFICATE OF DEATH	REG. NO.	
MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
Y	COLES	AUGUST 20.19	7:00 pm
4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
RT. ACK			MONTHS DATS HOURS MIN.
	MARRIED WEVER MARRIED	D BATTIMORE CITY	MD
11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	MD. 126. KIND OF BUSINESS OR
THR JOHNS HOL	PKINS HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIF	E) INDUSTRY
		2 138 STREET ADDRESS / ZIP CODE	
		1200 N. LINWOOD	
TZAL SICIOIA			
TASI	CAROL	WIDDE	COLES
	CURITY NO. 17. INFORMANT	ADDRESS	
WAR OR DATES)	CAROL CO	OLES ABOVE	
1 10			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
E CAUSE (a)		1	
() () () () () ()	COUNTRATAL	+ ciluite -	
DUCTO, OR AS A CONSCI			134
ONDITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION GIV	EN IN PART 1ra
196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		, WERE FINDINGS USED
			YING CAUSES OF DEATH?
216. TIME OF INJURY	21c. HOW INJURY OCC		ART I OR PART 2)
110			
218. PLACE OF INJURY	211 LOCATION		
(AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC } STREET	CITY OR TOWN	COUNTY STATE
all attended the deceased from	8/20 10 5	15 to	19, that (1) (we) last
8/20 19			
view the body after death.	DEGREE		22c. DATE SIGNED
11-0/U.			8-20-85
PRINT)	22e ADDRESS	M DWGGLOK THISICIAN	
~oll.	6007 PARK	HEIGHTS AVE. BALTO). MD. 21215
	TO O O T TITLEY		
23b DATE 23c	NAME OF CEMETERY OR CREMATO	RY 23d LOCATION	COUNTY STATE
	BLACK The CITIZEN OF WHAT COUNTRY THE JOHNS HOD THE INSTITUTION GIVE RESIDENCE BEFF TY BALTIMO AIDDLE LAST AED FORCES? WAR OR DATES) DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c) ONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21b. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE all) attended the deceased from 26 Typing the body of the decents ACRINET.	TARCE S. DATE OF BIRTH MONTH DAY YEAR AUGUST 20,1985 MARRIED NEVER MARRIED NO NEVER MARRIED NEVER MARRIED NO NEVER MARRIED NEVER MARRIED NO NEVER MARRIED NO NEVER MARRIED NEVER MARRIED NO NO NO NO NO NO NO NO NO N	MODIE COLES 4. RACE 5. DATE OF BIRTH MONTH DAY TEAR AUGUST 20, 1985 BLACK AUGUST 20, 1985 WERNARRIED DATE OF BIRTH MONTH DAY TEAR AUGUST 20, 1985 WERNARRIED DATE OF BIRTH MONTH DAY TEAR AUGUST 20, 1985 WERNARRIED DATE OF BIRTH MONTH DAY TEAR AUGUST 20, 1985 YRS WERNARRIED DATE OF BIRTH MONTH DAY TEAR AUGUST 20, 1985 YRS YRS WERNARRIED DATE OF BIRTH MONTH DAY TEAR AUGUST 20, 1985 YRS YRS PALTIMORE CITY DATE OF MORE COUNTY BALTIMORE CITY DONNER OF MOST OF WORKING IF THE JOHNS HOPKINS HOSPITAL 1136. CITY OR TOWN BALTIMORE 1136. CITY OR TOWN BALTIMORE 1136. CITY OR TOWN BALTIMORE 1136. MOTHER'S MAIDEN NAME MODIE LAST CAROL AED FORCES? WAR OR DATES) WARRIED DIE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c) 1196. CONDITION FOR WHICH OPERATION WAS PERFORMED 1196. CONDITION FOR WHICH OPERATION WAS PERFORMED 1196. CONDITION FOR WHICH OPERATION WAS PERFORMED 2116. PLACE OF INJURY 1AT HOME, SIRE! FACTORY OFFICE FARM, ETC) 2116. PLACE OF INJURY 1AT HOME, SIRE! FACTORY OFFICE FARM, ETC) 2116. PLACE OF INJURY 1AT HOME, SIRE! FACTORY OFFICE FARM, ETC) 2117. INFORMANT 1AT HOME SIRE! FACTORY OFFICE FARM, ETC) 2118. PLACE OF INJURY 1AT HOME, SIRE! FACTORY OFFICE FARM, ETC) 2118. PLACE OF INJURY 1AT HOME, SIRE! FACTORY OFFICE FARM, ETC) 2118. PLACE OF INJURY 1AT HOME, SIRE! FACTORY OFFICE FARM, ETC) 2118. PLACE OF INJURY 1AT HOME, SIRE! FACTORY OFFICE FARM, ETC) 2118. PLACE OF INJURY 1AT HOME, SIRE! FACTORY OFFICE FARM, ETC) 2118. PLACE OF INJURY 1AT HOME, SIRE! FACTORY OFFICE FARM, ETC) 2129. ADDRESS ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DEPARTMENT OF PHYSICIAN DEPAR

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT:

24 FUNERAL DIRECTOR

ADDRESS

JOHNS HOPKINS HOSPITAL BALTIMORE, MD. 21205

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
SEP 0 9 1985

DHMH - 16 60M 7/84 (VRA 15, 4)

id be de the Stot

MPORT

24 FUNERAL DIRECTOR

22b. SIGNATURE

22d PHYSICIAN'S NAME

230 BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY

DEGREE

22e ADDRESS

ATTENDING

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

3900 LOCH RAVEN BLVD

COUNTY

22c DATE SIGNED

DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STAFF

YEAR

85

INDUSTRY

2h HOUR

126 KIND OF BUSINESS OR

NO F

STATE

IF UNDER 24 HRS

STATE OF MARYLAND

I. DECEASED NAME FIRST MIDDLE LAST COLLINS 26 DATE OF DEATH MONTH SITE OF DEATH MONTH SITE OF DEATH MONTH SITE OF DEATH MONTH MONTH SITE OF DEATH MONTH SITE OF DEATH MONTH SITE OF DEATH MONTH MONTH SITE OF DEATH MONTH SITE OF DEATH MONTH SITE OF DEATH MONTH SITE OF DEATH MONTH MONTH MONTH MONTH SITE OF DEATH MONTH MONTH MONTH SITE OF DEATH MONTH MONTH MONTH MONTH MONTH SITE OF DEATH MONTH	15/85 20 HOUR
Female Black 1 22 1931 Ballimore City or Country 2	
Female Black 1 22 1931 5 54 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS.
76. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 19 BALTIMORE CITY OR COUNTRY)	MONTHS DAYS HOURS MIN.
	TY OF DEATH
New York U.S.A. WIDOWED DIVORCED DI Baltimor	1e CITY MD
18 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (IF NOT IN SUICH FACILITY, GIVE STREET ADDRESS)	12b. KIND OF BUSINESS OR
1 bulhmore Provident Hospital nurses aide	the) INDUSTRY
New York 130. STATE 130. COUNTY 131. CITY OR TOWN 131. INSIDE CITY LIMITS? 130. STREET ADDRESS / ZIP COL	DE J999 d.Brewer Blvd
FATHER'S NAME IS MOTHER'S MAIDEN NAME	
Thomas Floyd Edna	Holiday
169 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	11011111
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 061-24-4012 Charmanie Adams 3800 Mol	hawk Ave.
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardio Pulmonary Arrest	
DUE TO, OR AS A CONSEQUENCE OF	
Canditions, if any, which (b)	
couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last.	ALCOHOLD SECTION
(12)	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G	SIVEN IN PART Ita
190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF Y	YES, WERE FINDINGS USED
IN CERT	TIFYING CAUSES OF DEATH?
190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF Y IN CERT YES NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 11EM 18	YES NO SPART 21
A CONTRIBUTION OF COURT OF PRINT, HOUR A.M. MONTH DAY YEAR	
(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21l LOCATION 18FET CITY OR LOWN	COUNTY STATE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

DHAMH - 16 50M 4/83 (VRA 15, 4)

23b. DATE

22a I certify that (I) (this haspital) attended the Jaeceased from

23t. NAME OF CEMETERY OR CREMATORY

DEGREE

22e ADDRESS

3d. LOCATION CITY OR TOWN Hopewell Hopewell Cemetery

24. FUNERAL DIR

(SPECIFY)

BROWN

230. BURIAL, CREMATION, REMOVAL

22b. SIGNA

NOT WHILE

saw the deceased alive an obove, (1) (we) (did) (did not) view the body

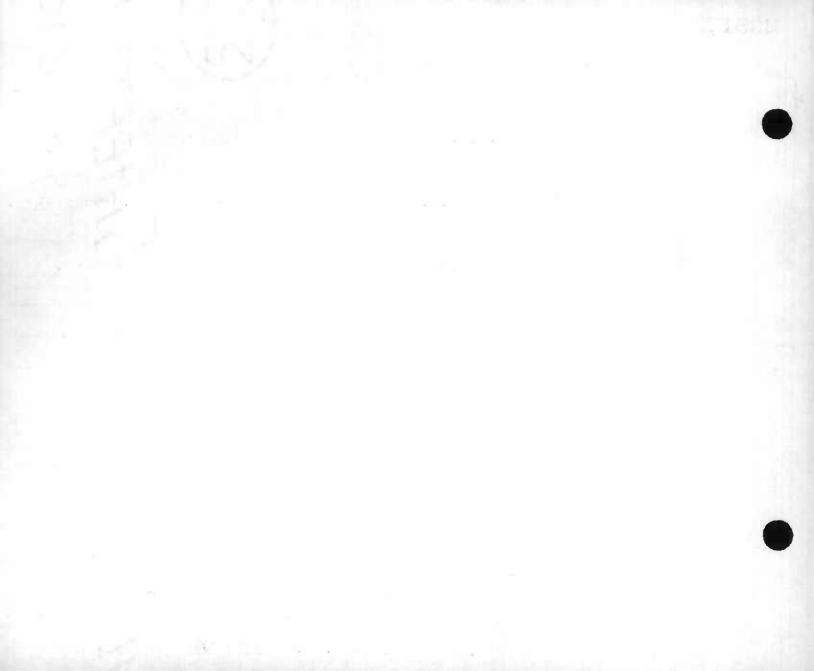
AND THOMPSON F.H 1913 W.Balto.St.

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

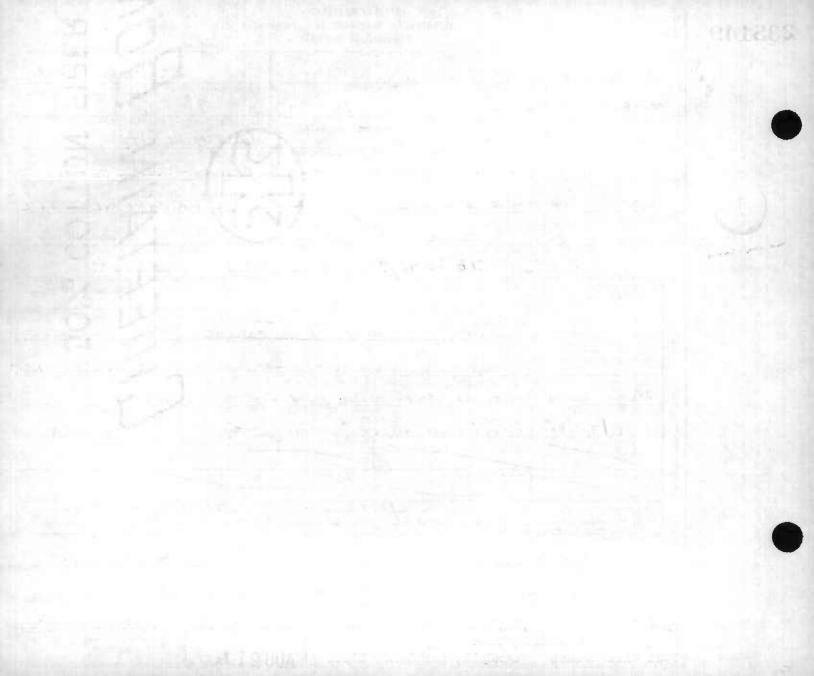
and that in (my) (aur) apinian death occurred an the date and haur and from the couses stated

New Jersey

22c. DATE SIGNED



MARKEY TO COLLINS 50 H LACK - SATING THEY THE BUT BUT THE WAR STORE TO A STORE TO made toward Alleger A AS WAS A TELLED CONTROL OF MENT OF ME HEAT TO THE PROPERTY OF THE PARTY OF THE PAR THE RESERVE OF THE PARTY OF THE PROPERTY OF THE PARTY OF



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDIENES

	1 -	FOR STATE REGISTRAR		DEPA	ARTMENT OF H	EALTH AND A			2 2 g. no.	U	•	U	
		EASED NAME FIRST		WIDDLE	(AST		20 DATE OF DEAT		DAY	YE AR	2b HOL	JR
7	TYPE	Thomas		A	C	1/1 NC	Je.		8	19	85	10	35 AM
	3. SEX		RACE	1000	5 DATE C	OF BIRTH	Jr.	6. AGE (IN YEARS LA	SI BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	
		Male	Blue		MONTH 8	27 27	YEAR 17	6	7 YRS	MONTHS	DAYS	HOURS	MIN.
2		ENTUCKY	U. S	WHAT COUNT	MARRIE WIDOWE		ARRIED	9 BALTIMORE CI	MORE CI		ATH		MD.
1	11/2	ARYLAND	I NAME OF I	HOSPITAL, NU HEACILITY, GIVE SI	IRSING HOME CO	Sysem	ITUTION	120 USUAL OCCU	PATION OST OF WORKING	LIFE) IND	KIND OI USTRY	FBUSIN	ESS OR
Cha	13n S	RESIDENCE (IF NURSING HOME OR O'TATE 13b. COUNT'			MORE -	13d INSIDE C	NO [13e STREET ADDRE	ESS / ZIP COI		Ave	. 7	1216
		THER'S NAME HOMÁ'S	DDLE	COLLINS	S, SR.	15 MOTHER'S	MAIDENNAM	AE MIDD	N.E	W	AKÉŤ	IELD)
		AS DECEASED EVER IN U.S. ARMI			SECURITY NO.	17 INFORMA			DDRESS	.000			
91111	(1)	ES, NO OR UNKNOWN) (IF YES GIVE V	VAR OR DATES)	314 - 16 - 1779 MARIE COLLINS, 430				S, 4307 F	AIRVIE				
1		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	one cause per BY:	1						.8	-	MATE INTE	
		IMMEDIATE	CAUSE (a)	CARDI.	oc ARR	55					1 minux		
		Conditions, if any, which gove rise to immediate	DUE TO, OI	R AS A CONSE	OUENCE OF	sec_	3. 5				10	Days	
		cause (a), stating the underlying couse last.	DUE TO, OI	RAS A CONSE Meta	STATIC	Esophas	mill			5 years			
	NO	PART 2 OTHER SIGNIFICANT CO	nditions <u>cc</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR (CONDITION G	GIVEN IN F	ART 11a	1	
7	CERTIFICATION	19a DATE OF OPERATION 8/5/85	Esopa	DITION FOR WHICH OPERATION WAS PERFORMED			RMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NO YES			WERE FINDINGS USED YING CAUSES OF DEATH?		
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME O HOUR A.	M. MONTH	DAY YEAR								
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE			211 LOCATION STREET CITY OR TOWN					UNTY		STATE
		22a. I certify that (1) this bospital saw the deceased alive an above, (1) we (did (did nati	Ang	19 1			, 19 <u>85</u>	to Asc	he date and he	, 19. 8 aur and fr	5, t	that (1) (we last oted
		226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							221	8/2	SIGNED		
		22d. PHYSICIAN & NAME (TYPE OR P	KR.	ANTZ		120 ADDRESS	5. Gn	ear Sr.	Ba	Iro.			
	23a B	URIAL, CREMATION, REMOVAL	236 DATE		230 NAME OF C	EMETERY OR C	REMATORY	23d LOCATION		COUNT			STATE
		BURIAL	8-22-1	985	Garriso	n Fores	st.		more C				TIME .

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR:

should be detached far use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene prior ta bur IMPORTANT: If Item 21 is marked at Item 18 shows any

NUTTER & SONS FUNERAL HOME, DELINC. 2501 GWYNNS FALLS PARKWAY

AUG 2 7 1985

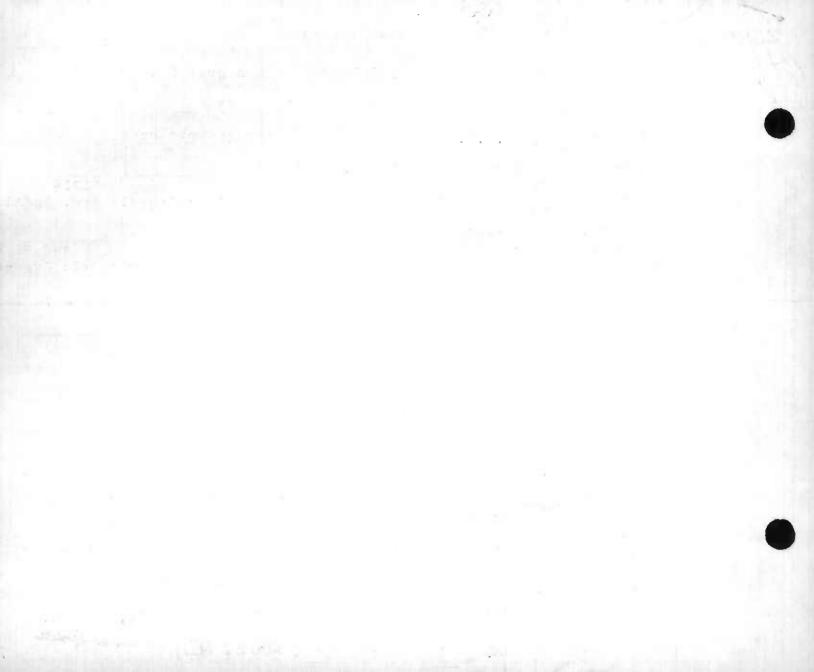
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The state of

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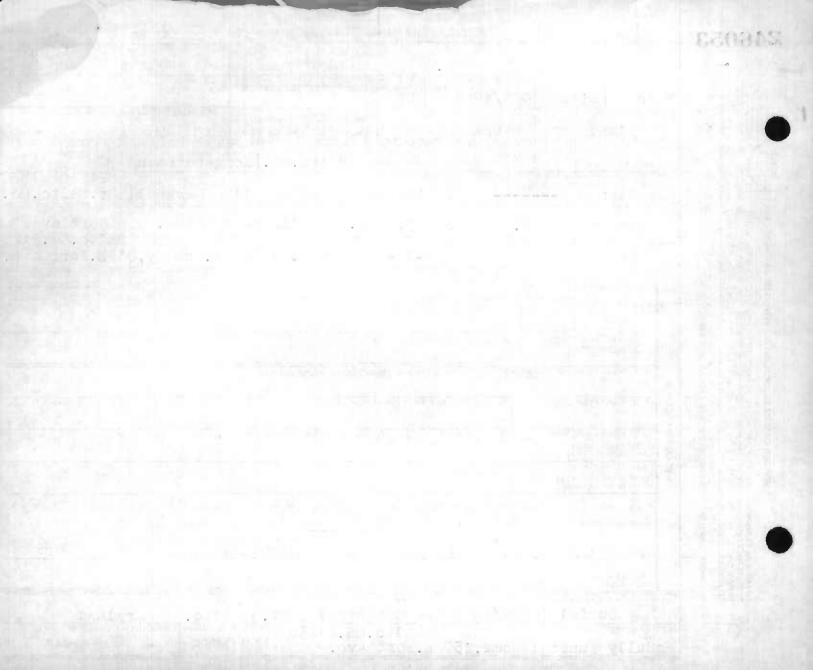
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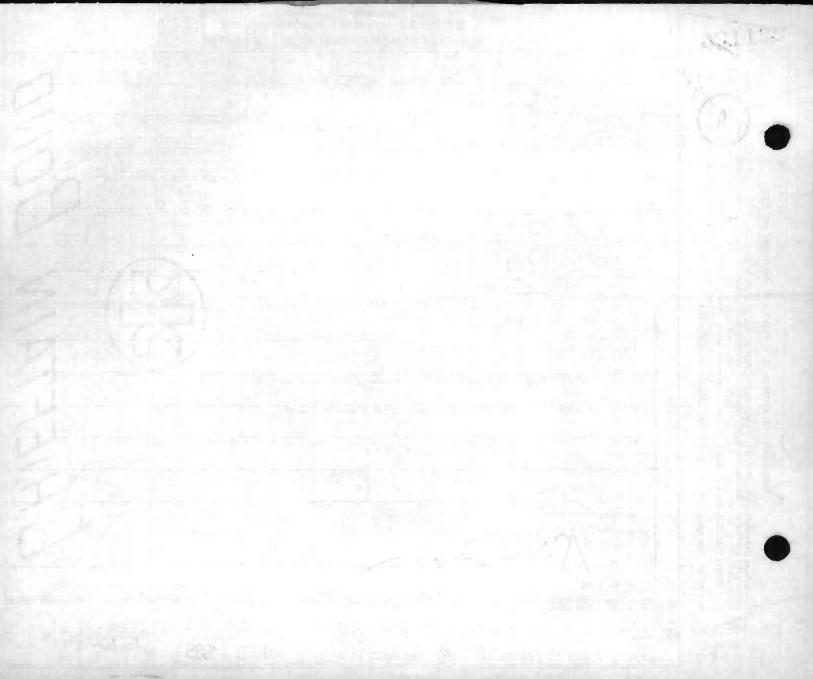
STATE OF MARYLAND



1 - STATE DEPARTMENT OF HEALTH AND ME' TAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 246053 REGISTRAR 1. DECEASED NAME 28. DATE KNOWN K MONTH YEAR 7h HOUR (TYPE OR PRINT) ESTI-Conley Robert M. DEATH MATED 2719 85 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) 9:48A PRONOUNCED Male 9/8/ 29 White DEAD 27 19 85 TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED KNEVER MARRIED FOREIGN COUNTRY) Maryland USA WIDOWED [DIVORCED Baltimore City, 18. CITY OR TOWN OF DEATH IT NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 1426 Marshall Street Balto.Md. Longshoreman Baltimore 21230 13d INSIDE CITY LIMITS? 13g STREET ADDRESS YES A NO 1426 Mar 30 STATE Baltimore Marshall St.Balto.Md. Maryland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Hart lave George Conley. Elizabeth Sr. BALTIMORE. Balto.Md.2123 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 215-70-3053 Mrs.Regina A.Conley,8192.Fort Ave. DIVISIO 18. CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST PART I DEATH WAS CAUSED BY Combined drug intoxication IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURI YES X NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED PENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN WHILE AT WORK X 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection ond in my opinion TO MEDICAL EXAMINI
EXECUTE THE CERTIFIC
PAGE 4 SHOULD BE F
TO FUNERAL DIRECTE
AFTER DEATH, WITH TI
BALTIMORE, MARYLAY death resulted Vam. Natural causes Homicide TITLE (SPECIFY) 8/27/85 Assistant EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE BP/294 Burial New Cathedral Cemt. Balto. Maryland 07/84 Balto . Md . 212 70 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** a mariacon Asnata 22 Funeral Home, 130 E. Fort Ave. (VR A15 ME (5))

Items 18-22 9/18/95 mmb





			FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTARHY GIENE 2 2 5	face
22	6050	1-	STATE	MEDICAL EVAMINED'S CERTIFICATE OF DEATH	
7070	0000	1. DE	REGISTRAR FIRST	REG. NO.	DAY YEAR ZI HOUR
	wa ave	IDA	OR PRINT)	OF ESTI-	4 19 85 N
	A REED AS	1.5E)	Andre:	S DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 26. DATE MONTH	DAY YEAR 2d HOUR
	K S S S S S S S S S S S S S S S S S S S	6	MALE COL	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	4 19 85 12:4
	SAR YOUNG		RTHPLACE (STATE OR	75 CITIZEN OF WHAT COUNTRY?	
	S NEGSSARY, PLEASE FUNERAL DIRECTOR E S FOR YOUR PILES W PRESIVE SIFEET		PLTIMORE MO	MARRIED DEVELOR MARRIED DIVORCED Baltimore City	
	PAGE S PAGE S FILED. W	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK)	26 KIND OF BUSINESS
	A LA	500	Baltimore	Provident Hospital For most of working life) Student	OR INDUSTRY
	DELA DELA POSTO DELA P		L RESIDENCE (IF IN NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
120	SERVE SERVE	13a. S	PARYLAND 136. COUNT	136 CITY OR TOWN 136 INSUDE CITY LIMITS? 130 STREET ADDRESS BALTIMORE YES P NO 3221 VICKERS RO	08 7/7/6
9	- A250	14. F/	THER'S NAME	15. MOTHER'S MAIDEN NAME	HI GILLO
1	18 a 8 a 8		ARTHUR C	SAUNDRA BLACKWFL2 MED FORCES? LIAN SOCIAL SECURITY NO. 117 INFORMANT ADDRESS	LAST
6	SERIE T	16a. V	AS DECEASED EVER IN U.S. ARA		21227
1	E BRAGO	. (*	(IF YES, GIVE V	216869658 MRS FYELYN REVELS IIIISULD	HER SPRING RI
10	20 N T U		18 CAUSE OF DEATH (Enter onl	ly one cause per line for (a), (b), and (c),)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2 2	P. P. S.		PART I DEATH WAS CAUSED	DBY: TE CAUSE (o) Asthma	BETWEEN ONSET AND DEATH
510	AZ ALO NOVIETE	-	Divite Divi	DUE TO, OR AS A CONSEQUENCE OF	
2	REA ANS		Conditions, if any, which gove rise to immediate	(b)	
*	WANG TO		cause (a) stating the <u>under</u> - lying cause lost.	DUE TO, OR AS A CONSEQUENCE OF	
92	PASSAN		tying couse lost.	(c)	
RECORDS	EXE DICAL A BU	z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0).	
REC	HEAD AND THE A	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
Z	SIAL RAL	15		The Condition of the North of t	
1	THE PART STATE OF THE PARTY OF	1 5	21g. EXTERNAL CAUSE WAS	216. TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART	YES NO XX
NOF	CERTIFICATE S TING THE WO SED TO THE C 35HOULD BE DEPARTMENT I PRIOR TO BU		UNDERLYING OR	HOUR A.M. MONTH DAY YEAR	
Sio	PA PA PA	MEDICAL	CONTRIBUTING CAUSE OF E	PEATH P.M. 19 21e PLACE OF INJURY (ATHOME, 21f LOCATION	
No.	SE S	×	WHILE NOT WHILE T	STREET CITY OR TOWN COUN	NTY STATE
	EXAMINE: THIS CERTIFICATE, WRI ULD BE FORWARD DIRECTOR: PAGE WITH THE STATE WARYLAND: 2120	13			
Tare .	A S S S S S S S S S S S S S S S S S S S		1	e of the remains described above, held an Autopsy , Inspection , Inquiry , and in my api	nian
	AND BE		death resulted fram: Notur	di couses XI. Accident . Shicide . Hamicide . Undetermined monner .	
	MAN A		ACTUAL /	May Mal Motting Chiefredical Examiner SIGNED	8/4/85
	MORE THE SHE	1	SIGNATURE	M. DROCCITIO CITE MEDICAL EXAMINER SIGNED	, 0/ 1/ 03
	第〇名を日子	+	EXAMINER'S NAME Thoma	as D. Smith, M.D. ADDRESS 111 Penn St. Balto.MD.	/
	524544 -	23a. B	JR L. CREMATION, REMOVAL 2		Count
07/84	BP		DURIAL	8-8-05 HEDUIUS Mem TAIL BATTI, Co.	The
25M	DHMH - 17	24	INERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SK	GNATURE
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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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dia	Com		to de	
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I	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. N	10.	
I	1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	Ernes		Cooper		8-14-85	4:43pm
	Male 1	Negro	5. DATE OF BIRTH MONTH DAY YE TO NOTE: TO	. / 1	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.
4	BIRTHPLACE (STATE OR FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIE	DUI	None City	MD
	Baltimore			(TYPE OF WORK FOR MOST	OF WORKING LIFE) INDUSTRY	F BUSINESS OR
1	SUAL RESIDENCE (# NURSING HOME OR OT 130 STATE 1941 COUNTY HOW	Y 13c. CITY OR TOWN		8 5463 W	Jing bonne	1045
	Charles MIC	Cooper	Est.	elle	Sim	oson_
4	160 WAS DECEASED EVER IN U.S. ARME (YES NO OR UNKNOWN) (IF YES, GIVE W	ED FORCES? WAR OR DATES) A 2007	1017 (01		F. COOPER	T 21045
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENT (b) DUE TO, OR AS A CONSEQUENT (c) DUDITIONS CONTRIBUTING TO D	nce of	5 Chania	DITION GIVEN IN PART 110	
	19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH O	OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDIN IN CERTIFYING CAUSES	IGS USED OF DEATH?
		21b. TIME OF INJURY HOUR A.M. MONTH DA'	Y YEAR 19	OCCURRED (ENTER NATURE OF INJU	JRY IN ITEM 18 ART 2)	
	OR CONTRIBUTING CAUSE OF BEATH IF EITHER NOTIFY MEDICAL EXAMINER] 21d INJURY OCCURRED AT WORK NOT WHILE AT WORK AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211 LOCATION STREET	CITY OR TO		STATE
	22a 1 certify that (1) (this bound saw the decrease above, (1) (constant)	offended the deceased from	, and that in (my) (our) a	pinian death occurred on the c	6-14-19.85. Idate and hour and from the	
	226. SHGMATURE	many MO.		DING MEDICAL STA	AFF CIAN S	SIGNED
	Dr. Alexander	r Bodaschews	120 ADDRESS	S. Hanover	St	
1	BURIAL	8-19-19 ME		PARK HOWARD	COUNTY	STATE
	24 FUNNIA diletto & SUNS FAL	UNERAL HOME, IN(LS PARKWAY ADDRESS	2	ALIG 2 0 1085	256 REGISTRAR'S SIGNATI	Rande R2

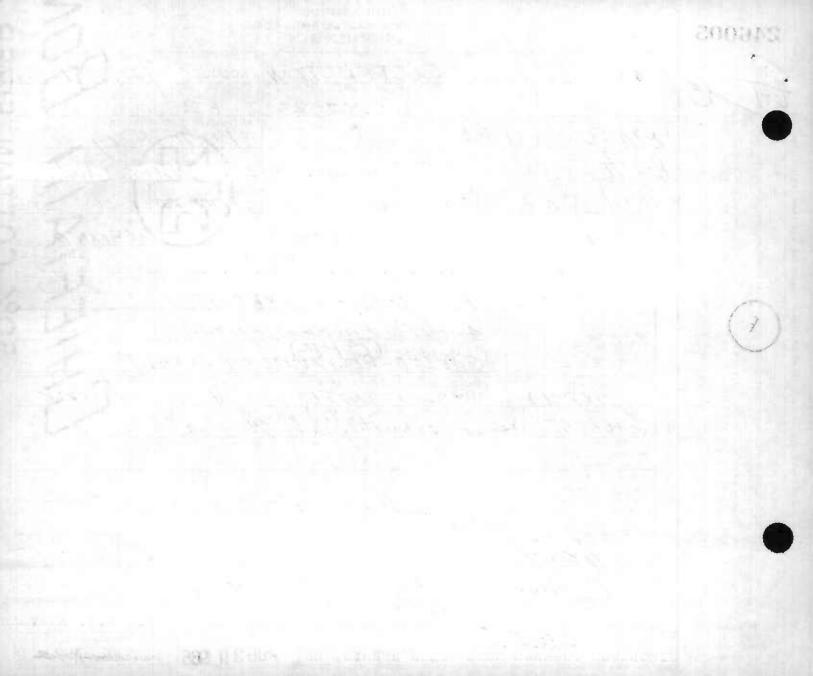
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IMPORTANT: If them 21 is marked or them 18 shows ony

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20	5118	REGISTRAR			MED	ICAL EXAM	NER'S CEI	RTIFICATEC	F DEATH	REG. NO.	64	
			CEASED NAME	FIRST	MIDDLE			7	20. DATE	KNOWN X MON	NTH DAY YEAR	Zb. HOUR
	42.692	(TY	PE OR PRINT)	Ethol			Cos		OF	ESTI-		
	PLEASE RECTOR. R FILES. HOURS STREET,	3. SE	·	Ethel	5. DATE OF BIRTH	I/ ACE III	YEARS IF UNDER	pper		_ (٨
T	SIRE	3. SE	^	RACE	MONTH DAY	YEAR LAST BIRT		R 1 YR. IF UNDER	24 HRS. 2c. DATI	L.	TH DAT TEAK	2d HOUF 8PM
	SARY, PLEASE AL DIRECTOR. YOUR FILES. STON STREET,	E	emale.	Black	7 19 189		YRS.	500	DEAL	9	3 19 1985	OPPI
	FOR YOUNGERAL WITHIN	70 B		TATE OR	76 CITIZEN OF WH.	AT COUNTRY?	8 MAPPIED	☐ NEVER MARR	9. BALTIA	MORE CITY OR CO	UNTY OF DEATH	
	JUNERAL DIRE FOR YOUR WITHIN 72 I	1	Delawar	e	USA		WIDOWED	DIVORC		imore Cit	- 3.7	
	25000 ·	10. C	ITY OR TOWN	OF DEATH	11. NAME OF HOSP	ITAL NURSING HO		Y	20.50	JPATION I TYPE OF WO		MD
	3. 178年6年6	-			(IF NOT IN SUCH FAC	ILITY, GIVE STREET ADDRES	iS}		enemple unemple	RKING LIFE	OR INDUS	IRY
	20 E E E		altimore			Hospital	(DOA)		unempc	ogea		-
100	FORESON	13a S	STATE	13b. COUP	OR OTHER INSTITUTION, GIVE	113c CITY OR TOWN		INSIDE CITY LIMITS?	13e STREET ADDR	ESS	7.17	29
217	SEGULA ANY	1	ld.	Temporal Control	A CONTRACTOR OF THE PARTY OF TH	Balto		ES NO	13e STREET ADDR	lendale S	t16	-/
8		14. F	ATHER'S NAME				15	MOTHER'S MAIDE	NNAME			
ui ui	373500	F	Brose		MIDDLE	Turner		Hattie	-	MIDDLE for : D	liams	
BALTIMORE, MD. 2120	40 2 0 -			DEVER IN U.S. AR		16b. SOCIAL SECUI	RITY NO. 17	INFORMANT		ADDRESS	Luins	
ALT.	E CHE	0	res, no, or unkno	WN) (IF YES, GIVI	E WAR OR DATES)				0 11 70		0	
BAL	13EE 1		no			221-38-1	613	Lillian	Scott 73	0 Allenda	le St.	
	28250		18 CAUSE OF	F DEATH (Enter or ATH WAS CAUSE	nly ane cause per line f	ar (a), (b), and (c).)		ET STATE			APPROXIMA BETWEEN ONS	E INTERVAL
N Z	A LENGTH		PARTIDE.	IMMEDIA	TE CAUSE (a) Art	eriosclere	otic car	diovascu	lar disea	se		
5	YGIN OV		11 1215			S A CONSEQUENCE						
e e	D WITHIN 24 PENCIL IN ITEM VAINER ALON - TRANSIT PEN ENTAL HYGIE OR REMOVAL	1		ns, if any, which							N. B. C. A.	
>	NA PAR			e ta immediate stating the under	· · · · · · · · · · · · · · · · · · ·	S A CONSEQUENC						
6	EXECUTED WITH NG" IN PENCIL CAL EXAMINER BURIAL - TRAN I AND MENTAL AATION, OR RE		lying cau		DOL TO, OK A	S A CONSEQUENC	EOF				- 1	
2,	2 2 2 2 2				(c)							
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	D BE EXECUTED ENDING" IN I WEDICAL EXA AS A BURIAL AND M CREMATION,	-	PART 2 OTHER SIG	SNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE T	ERMINAL DISEASE OR	CONDITION GIVEN IN PA	RT 1 (a).			
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Ž	RETINGRADED OF 3 STATE OF PRESENTED OF 3 STATE OF STATE O	NE NE				RY, FARM, ETC.)	STREET		CITY OR TO	OWN	COUNTY	STATE
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	ATE, DRV		22a I certif	v that I taak char	ge af the remains descr	ribed abave, held an	Autopsy	, Inspection	X Inquiry	. and in my	4.00,000	
4	EXAMINER CERTIFICAT VUID BE FOR I, WITH THE MARYLAND		death resulte		4F] 4		Suicide .	Hamicide .			y apililan	
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	SHY SHA		SIGNATURE_		< 11	1	M.D.F	ssistant	MEDICAL EXAM	AINER SIG	NED 0/20	65
	WED!		EXAMINER'S	NAME C			-	222				
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE A SHOUD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH IT BALTIMORE, MARYLAY		(TYPE OR PRIN		gory R. Kai				Penn St.	Balto.M	1D.	
	E00149	23o.B	URIAL, CREMAT	ION, REMOVAL			EMETERY OR CE		23d. LOCATION		OUNTY 5	TATE
07/84	BP		Buria		8-21-85	Westvi	iew Ceme	teru		Raltimano	Manuelan	d
25M	DHMH - 17	24. F	UNERAL DIRECT	TOR	ADDRESS			250. DATE F	EC'D. BY REGISTRA	AR 256 REGISTRAR	SIGN	- ;
	(VR A15 ME (5))	B	Sailey-D	ouglass	Fun. Home.	1348 N C	alhaun	C+ AUE	21 1985	TEND DOWN		3



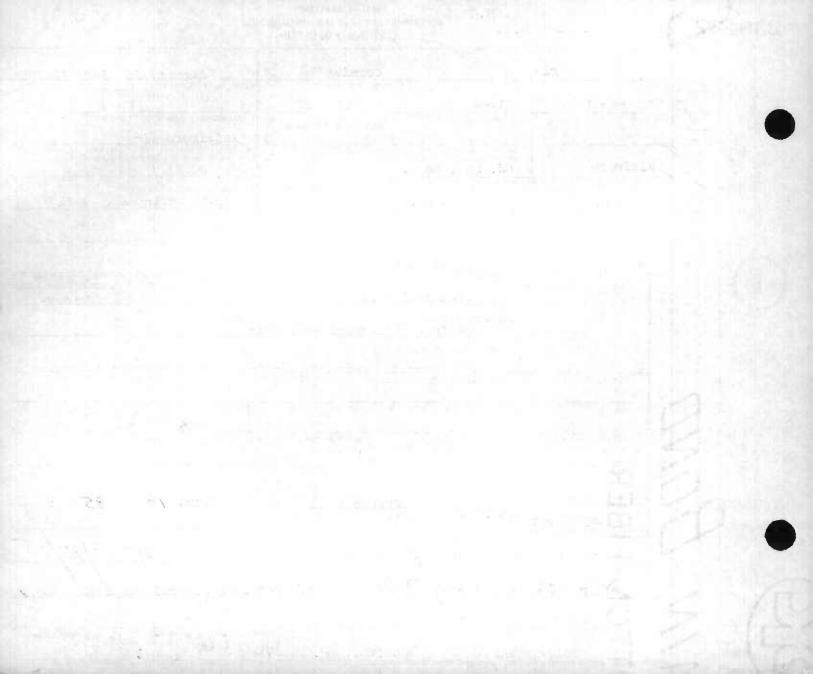
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			CEASED NAME	FIRST		MIDDLE		LA	ST		20. DATE OF DEAT		ONTH DA	AY YEAR	2b. HOUR
oge og		(IIII		oris				Cor	nish	100	An	aus	t 10	1985	12:50PM
À o d		3. SE)	(4.	RACE		5.1	DATE OI	BIRTH		AGE IN YEARS LA			FUNDER TYEAR	IF UNDER 24 HRS
ge 4	2		Female	9.55	Black			9	10 DAY 27	AK	57		YRS.	JA13	HOOKS MIN.
nerol dir	35	7a. BI	RTHPLACE (STATE OR FO	REIGN 7	CITIZEN OF	WHAT COU	٨	MARRIED	NEVER MARRIE	D L	Baltimore Ci			OF DEATH	MD
s ofter d	2/8		TY OR TOWN OF DEAT	н 1	11. NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Md. Gen. Hosp.			OTHER INSTITUTIO		2a USUAL OCCU	PATIO	N		OF BUSINESS OR	
MORE, MARYLAND 2120 Selecuted within 24 hours ond completely filled in by	35		AL RESIDENCE (IF NURSINITATE)	G HOME OR O 3b COUNT		13c CITY OF	RTOWN		13d INSIDE CITY LIM		13e.STREET ADDRESS / ZIP CODE 2419 Etting St.		St. 2	1217	
d within	300	19. FA	THER'S NAME FIRST	MI	DDLE	LA			15. MOTHER'S MAID	DEN NAM				LAS	
	medical		VAS DECEASED EVER IN (ES, NO OR UNKNOWN) Unkn.		ED FORCES? WAR OR DATES)		L SECURITY		17 INFORMANT		Al	DDRES:	S		
A Hysician	the .	7		(Enter only	one couse per									APPROX	MATE INTERVAL ONSET AND DEATH
- 0 :	went		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ICAN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bacterial Meningitis									Hours			
DIVISION OF VITAL RECORDS, 201 W. PRESTON SI NG PHYSICIAN: The low requires that the death cert ottending physician. The low requires that the death cert is certificate has been signed by the attending	uriol, cremation,		Conditions, if any, gave rise to imme cause (a), stating underlying cause	the lost	(b)	R AS A CON	SE B	ilat EOF	eral Pneu			CONDI	TION CIVE	AL INLOADT 1	
quire	to bu	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE				THE TO SERVE OF THE TERMINAL DISEASE ON CONDITION ON ENTIRE TAKE						N IN PART I	a.	
he low re	ows any	CERTIFICATION	19a DATE OF OPERATION 19b. CONDI			ITION FOR V				200 AUTOPSY?	20b. IF YES, WERE FINDINGS USEIN CERTIFYING CAUSES OF DEATYES NO F			NGS USED S OF DEATH?	
OF VIII ICIAN: T B physical entificate	em 18 sh		21g. ACCIDENT WAS UNDER OR CONTRIBUTING CA	USE OF DEATH		FINJURY M. MONT M.	TH DAY	YEAR	21¢ HOW INJURY C	OCCURRE	D (ENTER NATURE O	F INJURY	IN ITEM 18 PAR	RT 1 OR PART 2)	
IVISION JG PHYS offending	nond Me	MEDICAL	21d. INJURY OCCURRE	D E	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY, (OFFICE, FARM,	ETC.)	211 LOCATION STREET		CITY	OR IOW	4	COUNTY	STATE
ATTENDIN aspitol or ECTOR: Af	t. of Health		226.1 certify that (1) (1 saw the deceased above, (1) (we) (di				from A1	5, and	I that in (m)X (our) o	85 opinion de	to Augus	he date	ond hour	and from the	
TAL OR by the hore	Stote Dep		226. SIGNATURE	h-c	him /	Lua	mf	M	ATTEND PHYSIC	DING CIAN	MEDICAL DIRECTOR PH	STAFF	MA	8//	0/85
O HOSPITAL etoined by 1	with the Stot		Yuh.	-chi		uang	Mil	0,	c/0		land Ger	nera	l Hos	pital	
		23a B	SPECIFY)		23b DATE	/OF	73c. NAM	E OF CE	METERY OR CREMA	TORY	23d. LOCATION CITY OR TOW			COUNTY	STATE
BP		74 FI	Remova INERAL DIRECTOR	11	8/19/	83	1		12	75a DATE	REC'D BY REGIST	RARIZE	BEGISTO	AP'S SIGNIA	Lips I a Dil
DHMH - 16 50 (VRA 15.			NAME	natoms	, Board		DRESS R:	a1+o	ма	JUL	2 3 1985	17	ina Dai	Habit	ar freeze



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE S CERTIFICATE OF DEATH

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		RECIGINAN				REG. NO.					
		CEASED NAME FIRST	MIDDLE		OTTLER	20. DATE OF DEATH MON		YEAR S	7 45		
7	3. SE)		4 RACE	S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER	RIYEAR	IF UNDER 24 HRS		
		Female	White	MONTH 6	19 05	80	YRS.	DAYS	HOURS MIN.		
~			TO CITIZEN OF WHAT COUN	TRY? 8		9 BALTIMORE CITY OR CO		ATH			
1		Russia	U.S.	WIDOWE		Balto. (City		MD.		
0	I	Balto.	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES 1190 W. NORT	thern Pk		170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOMEMAKET					
5	13a S	AL RESIDENCE (IF NURSING HOME OR CATATE 136 COUN		TOWN	13d. INSIDE CHY LIMITS?	130.STREET ADDRESS / ZIP 1190 W. Nort	CODE thern F	kwy.	21210		
0		ATHER'S NAME FIRST N Harry	NDDLE LAST Brown		Sonia	WE		LAST			
		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	SECURITY NO. 16-7716	Mr. Samu	ADDRESS el Cottler - S	Same as	#13			
		Canditians, if any, which gave rise to immediate cause 101, stating the underlying couse last.	DUE TO, OR AS A CONSI	· ISC	Als mic (ARDIOMXO	MAL	15)	nsk SIRS		
	TION	PART 2 OTHER SIGNIFICANT CO									
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED		LIFYES, WERE CERTIFYING C YES				
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN I	TEM 18 PART I OR	PART 2)			
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OF	FICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COL	UNIY	STATE		
		220 I certify that (I) (this hopping saw the deceased alive an above, (I) (and did not	7/7	19.05, ar	nd that in (my) (c + opinion c	eath accurred an the date ar	nd have and fr		nat (I) lost ouses stated		
	1	226 SIGNATURE	1 halle	1/2 //		MEDICAL STAFF DIRECTOR PHYSICIAN	1000	1/15	JB-		
	/	PARMONO	7-00/21	IN MS	3433 L	O.BELVE	neve	· A	UE-		
	23a B	SPECIFY)		130 NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNT	Y	STATE		
	74 E.	Removal JNERAL DIRECTOR	8/12/85		lar	DE CID. DV DE CHEST A	F 0 10 F 0				
	29 PU	NAME NAME	ADDRI	ESS		E REC'D. BY REGISTRAR 256. R	REGISTRAR'S S	IGNATUR	RE		

DHMH - 16 60M 7/84 (VRA 15, 4)

Anatomy Board

Balto., Md.

5 mie Sevidon-Randelle

32077	1-	tems 18a &pa for STATE Item 18	rt2 10/30/89 Ba 12/11/8	DEPARTMENT	OF HEALTH AND		60 60	0 6 2			
2011	1. DE	EASED NAME	IRST	MIDDLE	LAST	FICATE OF DI	20 DATE KNOWN OF	MONTH DAY YEAR 76	HOUF		
18 to	(TYP	e or print)	rry	D.	Counc	ri l	OF ESTI- X	8/ 11/19 85			
	3 SEX		5. DATE OF BIRTH		(IN YEARS IF UNDER 1 Y IRTHDAY) MONTHS DAY YRS.	R. IF UNDER 24 HR	S. 2c. DATE PRONOUNCED DEAD	0/ 11/ 00	2:01 P		
0	7a. BI	RTHPLACE (STATE OR REIGN COUNTRY) N.C.	76. CITIZEN OF W		MARRIED WIDOWED	NEVER MARRIED [2]	9. BALTIMORE CITY OF Baltimore	COUNTY OF DEATH			
2	19. CI	Paltimore	11. NAME OF HO	NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION JE NOT IN SUCH EACHLITY, GIVE STREET ADDRESS) SINAL HOSPITAL OR INDUST							
5	I SUA 13a. S	L RESIDENCE (IF IN NURSING ATE MD 13b.	HOME OR OTHER INSTITUTION, G COUNTY	136 CITY OR TON Baltimo	INCLUDE INCL	OE CITY LIMITS? 13e S	street address 302 Greenmead	low Pkwy. 2120	19		
1		THER'S NAME Wilbert	MIDDLE	Hassell		THER'S MAIDEN NA	MIDDLE	Council			
	16a V	(AS DECEASED EVER IN U S, NO. OR UNKNOWN) (IF YI NO	S. ARMED FORCES?	216-62-0		ORMANT Hassell 6	ADDRESS 6002 Greenmea	dow Pkwy.			
	NC	Canditions, if any, gave rise to imm cause (a) stating the lying cause last. PART 2 OTHER SIGNIFICANT CONICATED TO THE CANDIDATED TO THE	which ediate value. (b) DUE TO, OR (c) DUE TO OCATH		ICE OF TERMINAL DISEASE OR CONO	UITION GIVEN IN PART 1 (g)					
1	CERTIFICATION	19a DATE OF OPERATION		TION FOR WHICH	IATCOTISM DPERATION WAS PERF	FORMED?		20 AUTOPSY?	40 []		
3		210 EXTERNAL CAUSE W UNDERLYING OR CONTRIBUTING CAUSE	HOUR A.A	MONTH DAY	YEAR	URY OCCURRED (ENT	ER NATURE OF INJURY IN ITEM 18 PA				
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		OF INJURY (AT HO) TORY, FARM, ETC.)	AE. 211 LOCATION		CITY OR TOWN	COUNTY	STATE		
5		ACTUAL SIGNATURE	charge of the remains de Natural causes X	Accident,	Suicide	E (SPECIFY)	, Inquiry , and determined manner ,	DATE 8/12/85	5		
2	22 21	(TYPE OR PRINT)G	regory R. Ka				Penn St.				
	(5	Burial Burial	8/16/85	Cedar	Hill Cem.	C	LOCATION Anne Arundel	Co. MD MD TATE			
		NERAL DIRECTOR NAMEC. March F	/H 1101 DORES	. North A	ve.	AUG 15	BY REGISTRAR 256 REGIS	IRANS PIGHT AND BE			

DIVISION OF VITAL

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Wm C March F/H Inc. 1101 E North Avenue

(VRA 15, 4)

STATE OF MARYLAND

CEPARTMENT OF HEALTH AND MENTAL HYDIENE

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/		CEASED NAME FIRST		MIDDLE	į.	AST		MONTH DAY	YEAR	26 HOUR
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and co		VAS DECEASED EVER IN U.S. AF			RITY NO.	17 INFORMANT	ADDRE	SS	1	2.5
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OR. OR. I is r		sow the deceased alive or above, (1) (we) (and) (did no			P.5 . on	d that in (my) (ax) opinion o	death occurred on the do	te and hour on	d from the o	not (I) (we) lost
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DHMH - 16 60M 7/84		JNERAL DIRECTOR		ADDRESS			E REC'D. BY REGISTRAR			-
(VRA 15, 4)	L	lenry W. Jenk	ins & S	Sons Co.	,Balt	o., Md.	AUG 6 1985	a) with the	wasterness	-Andell

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Surfer Committee Committee

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STATE OF MARYLAND

3144	1-	STATE REGISTRAR	DEFARIT	CERTIFICATE OF DEATH	REG. NO.	, 4
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ar death	TYPE	OR PRINT! SHIRLEY	JANE CR	ONISE	08/14/	85 3:15pm
20	3. SE)		4. RACE	5 DATE OF BIRTH		F UNDER TYEAR IF UNDER 24 HRS
rs offer	,	Female	White	10 22 25	59 YRS. M	ONTHS DAYS HOURS MIN.
10 21			b. CITIZEN OF WHAT COUNTRY?	0	9 BALTIMORE CITY OR COUNTY	OF DEATH
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2//			11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS O
2 40	P	LTIMORE CITY	St. Agnes Hos	spital	Homemaker	INDUSTRY
201		AL RESIDENCE (IF NURSING HOME OR I	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		13e.STREET ADDRESS / ZIP CODE	
102	M		imore Arubuts	YES NO NO	1008 Downton Roa	ad 21227
1 10	H, FA	THER'S NAME FIRST	AIDDLE LAST	15. MOTHER'S MAIDEN NA		
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r 8 4		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU		ADDRESS	Dean
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ovo ovo		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), an	a icui		BETWEEN ONSET AND DEATH
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roun		Conditions, if any, which	(16) nuln	unany entrol	ism	
er t		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF	, .	
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of in	CERTIFICATION	Rt. Bun	de Branch	Block & (5)	anterior hon	reletioch (2
ony only	CAT	190 DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
18 8	E				YES NOT YES	
Hygie 8 sh	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT 1 OR PART 2)
llem 1		OR CONTRIBUTING CAUSE OF DEA	in .	AY YEAR		
e . //	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	21f LOCATION		
o pa	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F		CITA ON IOMM	COUNTY STATE
leh o		AT WORK AT WORK			0/151	n F
S E		220 certify that (1) (this haspit	all attended the deceased from_	25/12/19/		9 that (li (we) to
221		saw the demosed alive an above. If (we) (did) (did not	view the body ofter death.	, and that in (my) (our) opinion	death accurred on the date and haur	and from the causes stated
Hen		Th SIGNATHIE	1	DEGREE		THE DATE SIGNED
T. H		Uh.	Lee-	ATTENDING PHYSICIAN [MEDICAL STAFF 1 DIRECTOR PHYSICIAN	1/1K/A
with the State		224 PHYSICIAN'S NAME (TYPE OF	PRINT)	27e ADDRESS		
with the Stote		Lee,	Moonhee	C+	Ashes	HOSD
3 3	230 0	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	1234 LOCATION	
		SPECHY)			CITY OR TOWN	COUNTY STATE
		Burial	8/17/85 Du	laney Valley Mem.	Gar. Cockeysville	Balto. Md.

DHMH - 16 50M 4/B3 (VRA 15, 4)

24 FUNERAL DIRECTOR 4107 Wilkens Ave. Hubbard Funeral Home, Inc.

Dulaney Valley Mem. Gar. Cockeysville Balto. Md. 21229 250 DATE REC'D. BY REGISTRAL BY REGISTRAL

250. DATE REC'D. BY REGISTRAN SIN REOBTRANS SINCATURE

DEPARTMENT OF HEALTH AND MENTAPHYGIENE - STATE 242068 E OF DEATH REGISTRAR REG NO L DECEASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) OF DEATH MATED 26 19 85 AND 3 TO THE FUNERAL DIRECTOR.
RETAIN PAGE 5 FOR YOUR FILES.
HOULD BE FILED, WITHIN 72 HOURS
RECORDS, 201 W. PRESTON STREET, David Jr. 8 Crowner 4. RACE 3 SEX 5 DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d. HOUR DATE MONTH YEAR LAST BIRTHDAY PRONOUNCED .0:35 28 25 YRS Black 60 Male DEAD 26 1085 To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) MD USA WIDOWED [DIVORCED Baltimore City. IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS. (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) OR INDUSTRY 700 Blk. Kirby Lane Baltimore rear of USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS BALTIMORE, MD. 21201 MD Baltimore 705 N. Monroe St. 21217 YESX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME David Crowner Sr. Mary Smith IAL SOCIAL SECURITY NO 7 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) No N/A David Crowner, Sr. 3313 Oakfield 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MEDICAL EXAMINER ALONG AS A BURIAL - TRANSIT PERMI EALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL. IMMEDIATE CAUSE (0) Gunshot wound to chest (handqun) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING KOR HOUR MONTH DAY YEAR MEDICAL CONTRIBUTING CAUSE OF DEATH 1030 M. 8 26 19 85 Subject shot 21e PLACE OF INJURY (AT HOME. 211. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE X alley rear of 700 Blk. Kirby Lane, Baltimore City, MD PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALLIMORE, MARYLAND, 2120 220. I certify that I took charge of the remains a scribed above, held an Inspection Autopsy Inquiry and in my opinian Homeride X Suicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 8/27/85 SIGNATURE EXAMINER'S NAME Dennis F. Smyth. Penn St. Balto.MD. TYPE OR PRINT ADDRESS 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b DATE Burial BaTtimore 8/31/85 Eastview Mem. Pk. M.d BP. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNAL **DHMH - 17** March F/H 1101 E. North Ave. (VR A1S ME (S))

STATE OF MARYLAND

08 015 85 12:15 CHORREGIE ... 0.8.4 U.S.A. 0.5 A.E.O. Balaisone , Mr. Verner Core Corect, Inc. Md. - M.A. Callville N Spl. M. Benning Bol. MERKEN DESCRIPTION OF THE PROPERTY OF THE PROP The state of the s CLO CVA, SECURE WISHINGTON THAT LEFT LIVE WITH THE THE MICH STATE PROPERTY PERMITS FROM THE Median is breakles highland acceptable and each

Dundalk, Maryland 21222

24 FUNERAL DIRECTOR Duda-Ruck, INC.

7922 Wise Avenue

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIEND

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

17b. KIND OF BUSINESS OR

21219

STATE

Maryland

IF UNDER I YEAR

INDUSTRY

COUNTY

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Koontz

Marshall

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20. DATE OF DEATH

DHMH - 16 50M 4/83

(VRA 15, 4)

- STATE

235069

REGISTRAB

DECEASED NAME

August 198 198 198 August 198 Aug

BP. DHMH - 16 60M 7 (VRA 15, 4)

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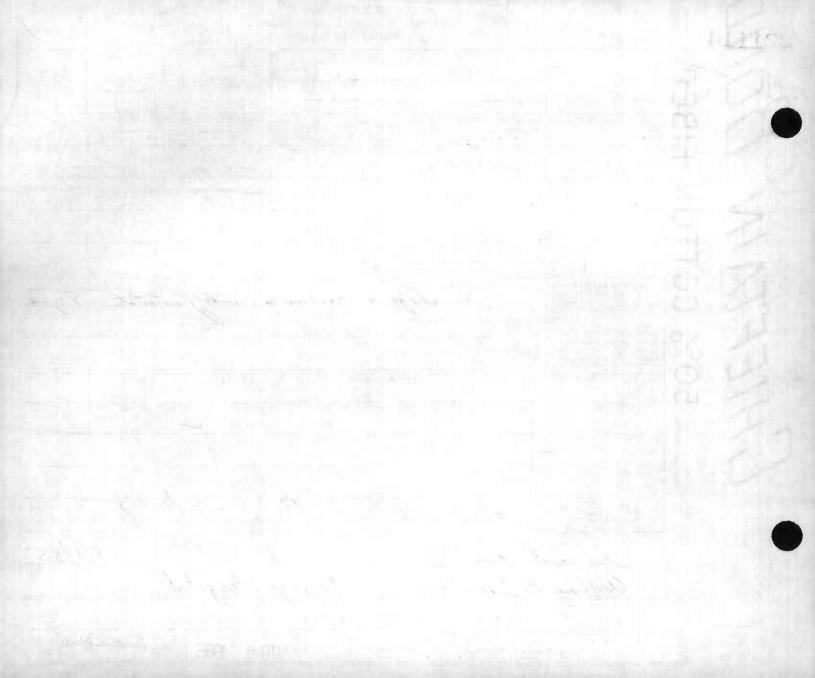
62	FOR STATE REGISTRAR		TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	20/0
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5 10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	VORKING LIFE) INDUSTRY TORB
2010	altimore	University e	f m Hospital	Berty S. Ho	memorial Steel
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A HE	ATHER'S NAME	- Dat	15. MOTHER'S MAISENTA		Oliver Street2
111	FIRST	MIDDLE LAST	in (Sally)	WIDDLE	Smith
	WAS DECEASED EVER IN U.S. A		CURITY NO. 17 INFORMANT	ADDRESS	
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CATION	PART 2 OTHER SIGNIFICANT REN CL 190 DATE OF OPERATION	rilure	CH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
RTIFICATION	Renal F2	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
n 18 shoes day injury, an	Renal Fa	196 CONDITION FOR WHICE 216. TIME OF INJURY	TH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
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CAL CAL	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IE EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (II) this hosp sow the decease alive o	196 CONDITION FOR WHICE 216 TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE pitol) offended the deceased from	DAY YEAR 19 211 LOCATION STREET 19 211 LOCATION STREET 19 30 30 30 30 30 30 30 30 30 30 30 30 30	200 AUTOPSY? YES NO CONTROL OF INJURY I	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NITEM 18 PART 1 OR PART 2) COUNTY STATE 19 55, that () we) lo
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IMPORTANT: If Berth 23 is alricanted on Herm 1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTEY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOTEY MEDICAL EXAMINI 22d. I certify thot (II) this hosp sow to become only o obove (II) (We) (did) (did n 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH ER) 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE potal) ottended the deceosed from (AT HOME STREET, FACTORY, OFFICE (AT	DAY YEAR 19 216 HOW INJURY OCCURI 19 E, FARM, ETC.) 216 LOCATION STREET DEGREE ATTENDING PHYSICIAN 226 ADDRESS	200 AUTOPSY? YES NO CITY OR TOWN CITY OR TOWN CITY OR TOWN TO STAFF DIRECTOR PHYSICIA 23d LOCATION	COUNTY STATE CO

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3331 Brehms Lane, Balto. Md. 21213

DHMH - 16 60M 7/84

(VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL NUTGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH 2h. HOUR IF UNDER 1 YEAR 78 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 120 USUAL OCCUPATION T2h, KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Hat Packer istribution Co. 13e.STREET ADDRESS / ZIP CODE 2823 Eastshire Dr. Ellen Krebs Betty Roberts 2823 Fastshire Dr. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 28a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (mar) (aur) apinion death occurred on the date and hour and from the causes stated MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 23d. LOCATION (SPECIFY) COUNTY 8/7/85 Loudon park Cemetery Burial Baltimore Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4) Hubbard Funeral Home, Inc. 4107 Wilkens Ave

STATE OF MARYLAND

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/		REGISTRAR				REG. NO.			
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Po di		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY OR C			
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36	USU. 13a.	AL RESIDENCE AF HURSING HOME OR	OTHER INSTITUTION, GIVE RESIDER	OR TOWN	113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	21215		
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The same	14. FA	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	ME	LASI		
28//		ANDREW	J.	ACKSON	CALLIE	BELL	MURRAY		
dicol		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166. SOCI	IAL SECURITY NO.	17 INFORMANT	ADDRESS	21215		
E/		NO	214	22 6598A	MR. FREDER	ICK WOODS 271	2 CYLBURN AVENUE		
± ±		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per lung for to	(b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
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ig. T	CERTIFICATION	198. DATE OF OPERATION	194 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 2	06. IF YES, WERE FINDINGS USED		
ne pr	일		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				N CERTIFYING CAUSES OF DEATH?		
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Mental Hy or them 18.		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MON						
Menta or them	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e. PLACE OF INJURY	19 Y	21f. LOCATION				
Ith and it	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTOR		STREET	CITY OR TOWN	COUNTY STATE		
eoli s mo		220.1 certify that (I) (this haspit	tal) attended the decease	d from	, 19	, to	. 19, that (I) (we) lost		
of H		sow the deceased alive an above, (I) (we) (did) (did no	t) view the body after deat	19	nd that in (my) (our) opinion	death occurred on the date	and hour and from the causes stated		
Hem Hem		226. SIGNATURE	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DEGREE	A THE PARTY OF THE	22c. DATE SIGNED		
T. If		HEALT YELL			ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	NO I		
should be deto with the State		22d. PHYSICIAN'S NAME TTYPE O	R PRINT)		220 ADDRESS				
TO FUNERAL should be deto with the State IMPORTANT: I	230. [BURIAL, CREMATION, REMOVAL	23b. DATE	23t. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
		BURIAL	8/13/85	Company Control of	LVARY CEMETER	CITY OR TOWN	(AA COUNTY) MD.		
	24 F	UNERAL DIRECTOR	1 -1 -7			E REC'D. BY REGISTRAR 256			
50M 4/B2 15, 4)		LEWIS T. GWYNN	4517 PARK	HEIGHTS A	TENNITE IN	IG 1 3 1085	. A. Kaidyn-Rande		
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8 25 538 3197 . 10 d ADDITION OF THE PARTY. Estime. 2.25 2712 C'LEMEN WOME and the Yacata # Link 2:2:5 214 27 65931 I T. W. C. C. C. 27 2 C L. C. Mus with Diteration for manifesting the lease of word word 3/13/35 .IL. CUNTER STATE (N. CONTES) M.

Let 1.7. Lil a a a a 7 7 1 1 2 1 1 2 1

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE ATE OF DEATH 242062 REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN TO MONTH YEAR 2b. HOUR (TYPE OR PRINT) OF ESTI-Charles Μ. Dandridge 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR 3 SEX IF UNDER 24 HRS 24 HOUR 5:35 DATE LAST BIRTHDAY) PRONOUNCED DEAD 25/1985 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY PDIVORCED WIDOWED Baltimore City 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION 1TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Baltimore N. Broadway USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 13b COUNTY 13e. STREET ADDRES! 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 160. WAS DECEASED EVER ARMED FORCES? (IF YES, GIVE WAR OR DATES) Mrs. Nannie Dandridge 1511N E SHOULD BE EXECUTED IN ITEM 18 of MORD "FENDING" IN FENCIL IN ITEM 18 of E CHIEF MEDICAL EXAMINER ALONG WILLES DAS A BURIAL "TRANSIT PERMIT."

ENT OF HEALTH AND MENTAL HYGIENE, DISTRICT OF HEALTH AND MENTAL HYGIENE, DISTRICT OF REMOVAL. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I DEATH WAS CAUSED BY. Seizure Disorder IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stoting the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 id CERTIFICATION Fatty Liver 196 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, DIVISION OF VITAL PARTIAL PAGE 4 SHOULD BE FORWARDED TO THE OF THE PAGE 4 SHOULD BE FORWARDED TO THE OF THE PAGE BAGES SHOULD BE BALTIMORE, MARYLAND 31301 BARANDEN THE STATE DEPARTMENT 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, FTC) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220 I certify that I took charge of the remains described at PARTICAL XX Autopsy ond in my apinian Natural couses X death resulted fram: Undetermined manner TITLE (SPECIFY) ACTUAL 8/26/85 SIGNATURE Assistant MEDICAL EXAMINER EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St. TYPE OR PRINT 23d. LOCATION Laune 24 FUNERAL DIRECTO **DHMH - 17** (VR A15 ME (5)) 20M 4/B2

A THE A LANGE WHEN FOR MY SE KNORTH Pick Ned Listenson List Williams Comment Eduard D. Darfridge Hannie Tillet YES 1964 1974 SIPS 2 93CS MIN HENNIG CENTRES LETTINGS CHARLY Exercise 8 35-25 Philippe Donard A. Lewings Longly , little Land Belline - 10 1 may b 300 1

238022	1-	FOR STATE REGISTRAR	DEPAR	RTMENT OF F	E OF MARYLAND SEALTH AND MENTAL HYD SICATE OF DEATH	IEND 2 2	0 7 5	
noy be		CEASED NAME FIRST OR PRINT! LE ROME	R DANE		LAST	AUG, 16,	1985 26 HOUR	M
ctor. po	3. SE.		4. RACE	S. DATE (DAY YEAR 32	6 AGE (IN YEARS LAST BIRTHDAY) YRS		HRS MIN.
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1138	1 0	LTMORE	11. NAME OF HOSPITAL, NUR. (IF NOT IN SUCH FACILITY, GIVE STR	EET ADDRESS)	SCANS	120 USUAL OCCUPATION (TYPE OF WORKING LI Engineer Tech.	176 KIND OF BUSINESS INDUSTRY Westinghous	
1	130 5	TATE	or other institution give residence berinty Arundel Fernda.	JAME	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COD		2106
ompletely ond 2 st	JA FA	THER'S NAME SERVE	Danel	k	15 MOTHER'S MAIDEN NAM	Marie	Krouti	1
on and co	160 V	/AS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SE 21230		17 INFORMANT Kathryn Dan	ADDRESS REK Same as	13e	
physical control of the control of t	L		inly one couse per line for (o), (b), ED BY: (TE CAUSE (o)	PULME	WARY FAI	LURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	ATH
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that the d by the lease remial, crem		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEC	S MI	TRAL & ADRTIC	UNLUEREPLAS	IST	
equires to signed. Then ple	NOI	PART 2 OTHER SIGNIFICANT		O DEATH BUT	NOT RELATED TO THE TERM	PULLED NARY		'eN
he low on.	CERTIFICATION	8-16-35	41TRAL REG			IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO	?
PHYSICIAN: T ending physici this certificate to buriol-transind Mental Hygin d or Item 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	PART T OR PART 2)	
offending offer this of the burk hand Merked or h	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	CE, FARM ETC)	21f. LOCATION STREET	CITY OF TOWN	COUNTY STAT	TE
TENDIN pitol or TOR. At for use of theolil			n S-/6 19	85,0	nd that in (my) (our) opinion of	to 2 -/6, death accurred on the date and how	19.85, that (1) (we)) lost
AL OR A the hos AL DIREC teroched ore Dept. T. If Item		Part a	zeletaun	/	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED	5
TO HOSPITAL retoined by the TO FUNERAL should be detroid the Store with the Store IMPORTANT:		221 PHYSICIAN'S NAME ITYPE	BAUM		22e ADDRESS	38EEU E ST		
To or with the state of the sta	23a E	URIAL, CREMATION REMOVAL SPECIFY Burial			LEMETERY OR CREMATORY	23d LOCATION	COUNTY Marsian	tond

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

George J. Gonce

24 FUNERAL DIRECTOR

4001 Ritchie Hgwy Balto Md

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after Subtouski - 1005 Bundalk Ave., 21224 ALGE SPE Jakesweden Species

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FOR

- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

13e STREET ADDRESS / ZIP CODE 762 Carroll St. 21230 LAST James A. Baniel 762 Carroll APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE that (I) (we) lost , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED Cremation STATE 8/28/85 Catonsville, B.C Md Westview Crematory 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Charles A Rice FSPA 1300 Eutaw Pl, ha bandson

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

CERTIFICATE OF DEATH

DAY

YRS

IF UNDER TYEAR

INDUSTRY

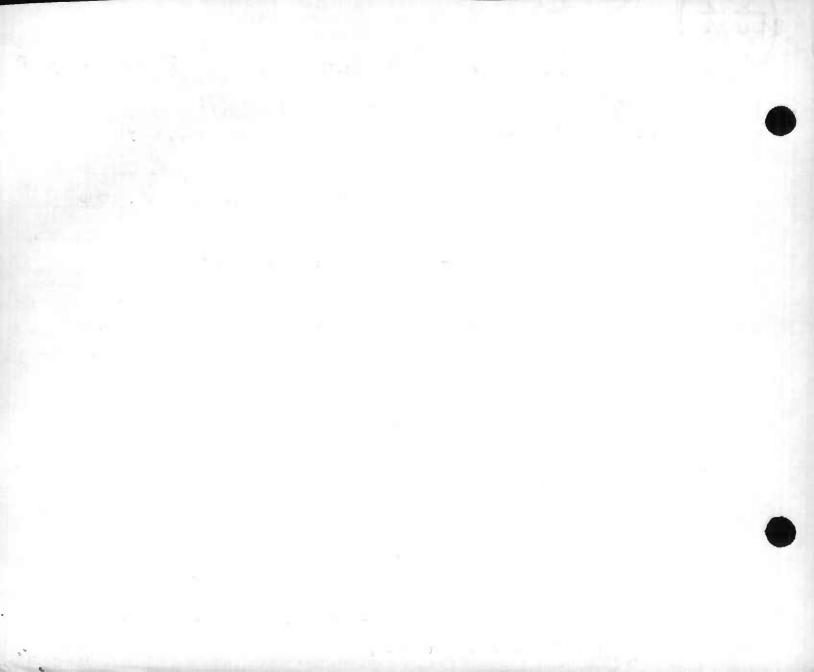
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2b. HOUR

HOURS

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2018

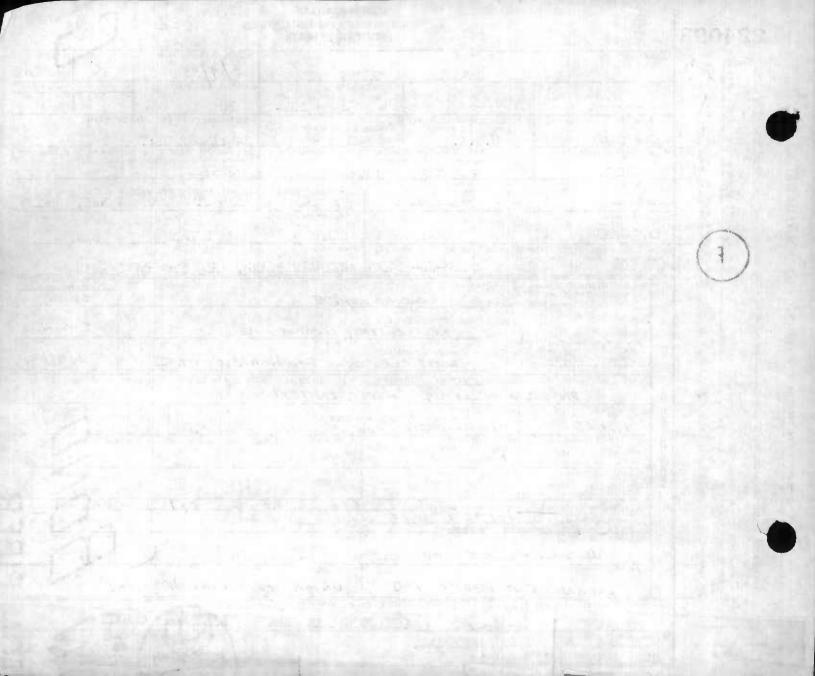
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ч	/	REGISTRAR	REG. NO.	~										
1		EASED NAME	FIRST	^	MIDDLE	Į.	AST		20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR			
1	{ IYPE (OR PRINT}	CARLO	TTA ST	ERETTA	DΔ	RBY		8/7/85		7:00AM			
1	3 SEX	(Ozmic	4 RACE	DICE III	5. DATE C	OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS			
		FEMALE		BLAC		9 MONTH	14	1914	70 yrs		HOURS MIN.			
u		RTHPLACE (STATE COUNTRY)	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	D NEVER	MARRIED -	9 BALTIMORE CITY OR COUN	IY OF DEATH				
П		EW YORK		U.S	.A.	WIDOWE	DX D	IVORCED _	BALTIMORE CITY		MD.			
1		TY OR TOWN OF D	EATH	(IF NOT IN SUC	HOSPITAL, NURSING	ADDRESS)		NOITUTION	170 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING JANITOR		F BUSINESS OR			
Ц		INITIAL DESCRIPENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)												
5		ARYLAND	13b. COUI		BALTIMOR	E	YES X	NO [136 STREET ADDRESS / ZIP CO 1558 STONEWOOD	AVENUE,	21239			
7	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER	'S MAIDEN NA	ME MIDDLE	LAST				
0		LEOPHAS			GRAY		SALI	.Y	HOLMAN	GRA				
ч	160 W	VAS DECEASED EVI		RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECUI		17 INFORM							
		(ES, NO OR UNKNOWN)	OOD ROAD											
		18 CAUSE OF DE	ATH (Enter a	nly ane cause per	line far (a), (b), and	dic.i	7 1/2/10		PROXIMATE INTERVAL					
		PART I. DEATH		TE CAUSE (a)	CARE	DIAC.	ARRES	T		5 min				
1		Service of the last		DUE TO, O	R AS A CONSEQUE	NCE OF				6				
ä		Conditions, if a		(b)_	RESPI	RATO	RY CO.	MPROM	115E	3 '	miN			
1		gave rise ta i cause (a), sta	iting the	DUE TO, O	R AS A CONSEQUE	NCE OF					15/25			
		underlying car		(c)					ATOSE STATE					
	z	PART 2. OTHER SI							NINAL DISEASE OR CONDITION O	IVEN IN PART TIC) '			
	5	19a DATE OF OPE		ES ME	LLI TUS,	MAP	ERTEN	18 1 D N	20a AUTOPSY? 20b. IF Y	ES, WERE FINDIN	IGS HSED			
1	CERTIFICATION	7/10/8			comA	70 SE	STATE		IN CER	TIFYING CAUSES	OF DEATH?			
L	ERT	210. ACCIDENT WAS				TIL HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB					140			
2	100001	OR CONTRIBUTING	CAUSE OF DE	ATH HOUR A.	M. MONTH DA		NA	1000000						
	MEDICAL	(IF EITHER, NOTIFY M			M. OF INJURY	19	21f LOCAT							
	ME	WHILE NOT			REET, FACTORY, OFFICE, F	ARM, ETC)	STRE	ET	CITY OR TOWN	COUNTY	STATE			
3	133			utal) attended th	ne deceased fram_		6/5	19 85	to 8/7	19 85	that (I) (we) last			
y	1	saw the dece	ased alive or	0/6/-	18/7 19	85.0	nd that in (m		death accurred on the date and h	aur and fram the	causes stated			
		22b. SIGNATURE	dia Jaid n	ot) view the body	offer death.	-	DEGREE			22c DATE	SIGNED			
		rle	anone	msbe	om or			ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2/6	185			
		224 PHYSICIAN'S				J- 24	22e ADDRE	SS						
H		ELE.	ANOR	E M ER	BERT M	20	UN	10 M me	EMORIAL HOSD	ITAL				
		BURIAL, CREMATIO	N, REMOVA	23b. DATE				CREMATORY	23d LOCATION	OTT S RYNY	STATE			
		BURIAL		8-10-1		ING N	1EMORIA	AL PARK	BALTIMORE C					
	24 Ft	METERS 808	SONS F	UNERAL H	OME INC.			250 QA	EREC'D. BY REGISTRAR 256 PEG	STRAPS SIGNATI				

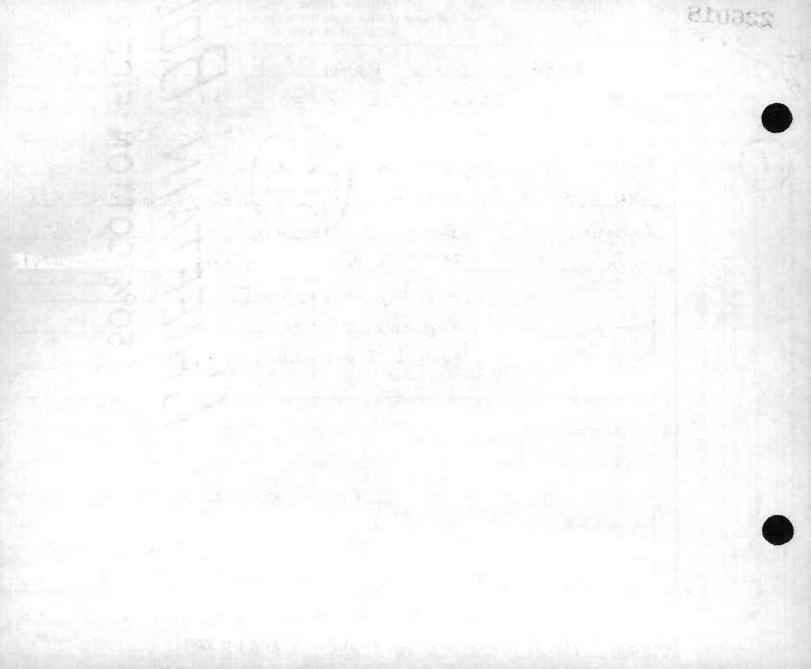
DHMH - 16 50M 4/B3 (VRA 15, 4)

2501 GWYNNS FALLS PARKWAY

should be detail IMPORTANT: 11



STATE OF MARYLAND 226018 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME 20 DATE OF DEATH MONTH YEAR 26. HOUR (TYPE OR PRINT) 1155 Royald 85 argav 4 RACE 3. SEX 5 DATE OF BIRT & AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYPAR IF UNDER 24 HRS MONTH YEAR Negro 50 La. BIRTHPLACE WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH I STATE OF FOREIGN 76. CITIZEN OF MARRIED NEVER MARRIED COUNTRY) 140 WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Galtimore (402 b) USUAL RESIDENCE (IF NURSING ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 3a. STATE No COUNTY 13c. CITY OR, TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 2363 MO Seamon Ave ZIZZS Baltimore 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Odrgay 40/11/49 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 220 56 0346 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY Diratory IMMEDIATE CAUSE (a. DUE TO, OR AS A CONSEQUENCE OF infeccion Respiratory Canditians, if any, which gave rise to immediate cause (a), stating underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO CERTIFICATION 190 DATE OF OPERATION 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED à IN CERTIFYING CAUSES OF DEATH? NO YES NO I 0 216 TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) DIVISION OF VIT 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE DING 22a I certify that (1) (this haspital) attended the deceased from_ Ougust saw the deceased alive an_ , and that in (my) (our) apinion death occurred on the date and have and from the causes stated abave, (1) (well did) (did not) view the body ofter death. 226 SIGNATURE DEGREE 22c DATE SIGNED MEDIC AL FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN MPORTANI 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 300 rgant Hanover 0 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN Cemetery BP 24 FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 to to Navidson Gandell (VRA 15, 4)



page 3

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL WIGHTE CERTIFICATE OF DEATH

2 2 0 8 0

Cup	60	10	0	
REG. N	0.			

1		CE ASED NAME	FIRST	M	AIDDLE	L	AST	2a. DAT	E OF DEATH M	ONTH DAY	YEAR	2b. HOUR		
	TYPE	OR PRINT)	VANEH	a	H.	DA	Shields.			8 29	85	6 A A		
1	3. SE)	K	4. R	ACE		5. DATE C		6. AGE	(IN YEARS LAST BIRTH		NDER I YEAR	IF UNDER 24 HRS		
-	FE	unala		Black		MONTH	- 11- 194	4	41	YRS.	HS DAYS	HOURS MIN.		
1		RTHPLACE (STATEORE			WHAT COUNTRY	V2 8		9 BAIT	MORE CITY OR		DEATH			
5	440	ARU (AND		4.5	.A.	WIDOWE	D NEVER MARRIED	ПВ	alimo	e		MD		
		TY OR TOWN OF DEA	TH 11.	NAME OF H	OSPITAL, NURS	ING HOME	OR OTHER INSTITUTION	I I2a USU	JAL OCCUPATIO	N		F BUSINESS OR		
7		Baltimore		PROVICE	LENCE	Hos	pital		TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
1	13a. S		136 COUNTY	ER INSTITUTION,	13c CITY OR TO	WN_	13d. INSIDE CITY LIMIT	S? 13e.STRE	130. STREET ADDRESS / ZIP CODE 2422 FRANCIS St. Balt. IN 21					
4	IA FA	ARY AWD			Baltimo	RE	15 MOTHER'S MAIDE		Z FRAD	CB 71.	UA II.	ING CIET		
		Rusus	MIDE	T	ashie	/1	Evely	10	WIDDLE		MAR	uEl		
П		VAS DECEASED EVER	IN U.S. ARMET		166 SOCIAL SEG	CURITY NO.	17 INFORMANT		ADDRES	S				
	(1)	YES, NO ORUNKNOWN)	IN TES, GIVE WA	N OR DATES)			Rusies D	Ashiell	707 0	EWN:5	st.	Salis, WO		
ŀ		18 CAUSE OF DEATI	H (Enter only o	ne couse per	line for (a), (b),	and (cl.)					APPROX	MATE INTERVAL		
1		PART I. DEATH W	AS CAUSED B	Υ.			4	arrail	-					
			IMMEDIATE C	AUSE (a)	Caron	phin	monary	IALLES						
				DUE TO, OF	R AS A CONSEQ	UENCE OF	7							
		Conditions, if ony,		ıb)	Dide	2000	led total	Verseu	tou Cor	galo				
Ц		gove rise to imm cause (a), statin		DUF TO, OF	R AS A CONSEQ	UENCE OF				Alley .				
1		underlying couse	lost.											
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0												
	Z			-	intra			dopath						
5	CERTIFICATION	19a DATE OF OPERAL					N WAS PERFORMED		AUTOPSY?	20b. IF YES, W	VERE FINDINGS USED			
1	FIC						IN CERTIFYING CAUSES OF DEA							
H	ERT	71a. ACCIDENT WAS UNE	ERIVING 🗆	21b. TIME O	FINILIPY		21c HOW INJURY OC		OR 0 ART 21	NO 🗌				
1		OR CONTRIBUTING			M. MONTH	DAY YEAR	110 110 W 11430K F OC	CORKED (ENI	EN NATURE OF INJURY	IN HEM IS PART	ORPARI 21			
	C	LIFEITHER NOTIFY MEDIC	(AL EXAMINER)	P./	Μ.	19								
	MEDICAL	21d. INJURY OCCURE		21e PLACE (OF INJURY	E FARM FTC 1	211 LOCATION STREET		CITY OF TOW	N	COUNTY	STATE		
	2	AT WORK NOT WH	INE											
- 1		22a.l certify that (1)	(this hospital)	attended the	e deceased from	n	8 25 198	. to_	8 291		85-	that (I) (we) las		
		saw the decease above, (1) (we)(c				0	nd that in (my) (aur) op	inion death acc	urred on the dot	e and hour an	d from the	causes stated		
		226 SIGNATURE	did) (did not) vi	ew the bod	alter death.		DEGREE				22c. DATE	SIGNED		
		18	01000	1.	1000		ATTENDIN	NG _ MEDIO	CAL STAFF		010	010-		
4		The state of the s	Much	421	TVOD.		PHYSICIA Tean ADDRESS	AN DIREC	TOR PHYSICIA	AN	012	2015		
		22d. PHYSICIAN'S	TYPE OR PR	INI)			22e ADDRESS							
П	23a B	BURIAL, CREMATION,	REMOVAL 1	3b DATE	23	C NAME OF C	EMETERY OR CREMATO	ORY 23d. L	OCATION					
		BURIAL		9-7-	85	GREE	N ARCES	1	CITY OR TOWN		LO	MD		
	24 FI	UNERAL DIRECTOR	1	1.6	97	WKE &		DATE REC'D	BY REGISTRAR 2	-				
	-	NAME	CI.	a sel	ADDRESS	ni e			1005	1. 1.	dan-A	2000		
	_	LIBTON F.	Stew	ARI	WEST	es 5.	ALS. WID.	SEP S	1 1300	Minn man		as located		

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detached for use as the burial-transit permit. Then press with the State Dept- of Health and Mental Hygiene prior to burner

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All other the contract for an opening the second se

Andrew Committee and the second of the secon

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 me or retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyperer prior to burial, cremation, or removal. MAPORTANT: If them 21 is marked or tem 18 shows any injury, or other traumatic event, the medical explainment state datafied at any expensive them.	1.	FOR	DEPAR		OF MARYLAND EALTH AND MENTAL HYG	JENES 2	2081
230023	11	- STATE REGISTRAR		CERTIF	CATE OF DEATH	REG. NO	2. 0
11 200 e e e e e e e e e e e e e e e e e e			ILLIAM MIDDLE C. 274) (WILL	IAM	DAUGHERTY	20. DATE OF DEATH 8/25/85	08 25 85 6 57 AM
ge 4 for softer of	3. S	MALE	Black	S. DATE C		6. AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN.
deoth. Po	OLN		U.S.A.	WIDOWE	1000	BALTIMO	
Si yell	/ E	ALTIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE FRANCIS SCOT	ET ADDRESS] T KEY	MEDICAL CT	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	
n 24 ho filled in hould b	E 130 M	aryland 13b. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13t. CITY OR TO Balti	WN	13d INSIDE CITY LIMITS? YES X NO		ZIP CODE nill Avenue 2120
ompletely ompletely ond 2 s		ATHER'S NAME FIRST Willie	L. Daughe		Betty	WIDDIE	Bell LAST
	160	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) YES	VE WAR OR DATES)		Bradley L.		Wash, DC 20011 Randolph St. NW BETWEEN ONSET HAD DEATH
quires that the death signed by the attend then please remove co to buriol, cremation, or other trauman	NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEO Ib)	OKMS UENCE OF RI	ion, autor -CVA NOT RELATED TO THE TERM		
he low on. hos been t permit.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO		YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
SICIAN: ng phys certifico priol-fror entol Hy ltem 18	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	HOUR A.M. MONTH	DAY YEAR	216 HOW INJURY OCCUR		
ENDING of or off OR: After ruse as the Health or	WE	sow the deceased alive as	(AT HOME, STREET, FACTORY, OFFICE Ital) oftended the deceased from Auc, u 3 + 25 19) Ital) view the body after death.	Augus	,	to August oddeoth occurred on the do	
PITAL OR A by the hos ERAL DIREC		226. SIGNATURE PART C 226. PHYSICIAN'S NAME (TYPE	100		DEGREE ATTENDING PHYSICIAN [MEDICAL STAF DIRECTOR PHYSIC	
etoined TO FUNI Should b	1	P. H81	A	NAME OF T	FSKMC	4940 Easi	ian Ave
BP	E	BURIAL, CREMATION, REMOVA	23h. DATE 8/30/85 G	arris	emetery or crematory on Forest V		
DHMH - 16 50M 4/83 (VRA 15, 4)		funeral director m C March F/I	H Inc. 1101 E	Nort			25b. REGISTRAR'S SIGNATURE

	FOR	
-	STATE	

235121

STATE OF MARYLAND

63	9	0	(3)	2)
Gua	lin	5.7	Q	64

	1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HY &	JENE 5 2	2 0	8	2			
		EASED NAME	FIRST	A	AIDDLE	1	AST	20. DATE OF DEATH	MONTH DAY	YE AR	26 HOUR			
	{ I YPE	OR PRINT)	Margar	ret Ma	rie	DAV	ENPORT	August 16,	1985		8:20 A M			
/	3. SEX			4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		DER I YEAR	IF UNDER 24 HRS			
1		Female		White		MONTH 1	23 26	59	9 YRS WONTHS DAYS HO					
1		OUNTRY	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9. BALTIMORE CITY O	-	OUNTY OF DEATH				
		ryland		U.	S.A.	WIDOWE		Baltimore	imore City					
	10 CI	TY OR TOWN OF	DEATH			G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION			MD. OF BUSINESS OR			
	Baltimore USUAL RESIDENCE (IF NURSING HOME O				HEACHLITY, GIVE STREET, CHENTY St		21223	Homemaker	WORKING LIFE) IN	DUSTRY				
1	U5UA 13a. S		URSING HOME OF		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE					
3	Ma	ryland	50000	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, which	Baltimon		YES X NO	2023 McHer		et	21223			
		THER'S NAME					15 MOTHER'S MAIDEN NAM	WE			-4669			
2	1	FIRST		MIDDLE	Coh		FIRST	MIDDLE		LAS				
Ę.	11 11	John AS DECEASED EV	ED IN LLC AD	HED FORCESS	16b. SOCIAL SECU	river	Bessie	ADDRE	lay	U	nknown			
		ES NO OR UNKNOWN)		E WAR OR DATES	160. SOCIAL SECU	KIIT NO.	17 INFORMANT	ADDRE	33					
e		NO			217-20-2	2375	Drois E. Cusi	ck 438 S. S	mallwoo	d St	. 21223			
		18 CAUSE OF DE PART I. DEATH	I WAS CAUSE		line for (o), (b), one		est			BETWEEN	IMATE INTERVAL ONSET AND DEATH			
		Conditions, if o	ny, which		COPD	NCE OF								
		gove rise to couse (o), sto underlying con	oting the		AS A CONSEQUE	NCE OF								
į	NO	PART 2 OTHER S	Laryn	1		Vesec	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN	PART 1	0			
	ATE	190 DATE OF OPE					N WAS PERFORMED	200 AUTOPSY?	20h IF YES, WE	RE FINDI	NGS USED			
7	FIC			The real					IN CERTIFYING	CAUSES	OF DEATH?			
	CERTIFICATION	21a. ACCIDENT WAS	UNDERLYING				21¢ HOW INJURY OCCUR	YES NO S	YES T		NO 🗆			
		OR CONTRIBUTING	_	117	M. MONTH DA	19	The state of the s							
1	MEDICAL	21d INJURY OCC		21e PLACE (19	ZII LOCATION							
	WE	WHILE NOT	WHILE WORK		EET, FACTORY OFFICE F	ARM ETC)	STREET	CITY OR TO	AM C	COUNTY	STATE			
-		220.1 certify that			deceosed from_	8	nd that in (my) (our) opinion (that (1) (we) lost			
	110	obove, (1) (we) (did) (did no	t) view the body	after death.			occorred on the do						
		226. SIGNATURE	Lila.	Hett 4			DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	F _,	22c DATE	16/FT			
		22d PHYSICIAN'S	NAME LITTE	OR PRINT)		77e ADDRESS			-					

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate he should be detached for use as the burial-transit p with the State Dept. of Health and Mental Hygien

IMPORTANT: If Item 21 is

Union Memorial Hosp 23a BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

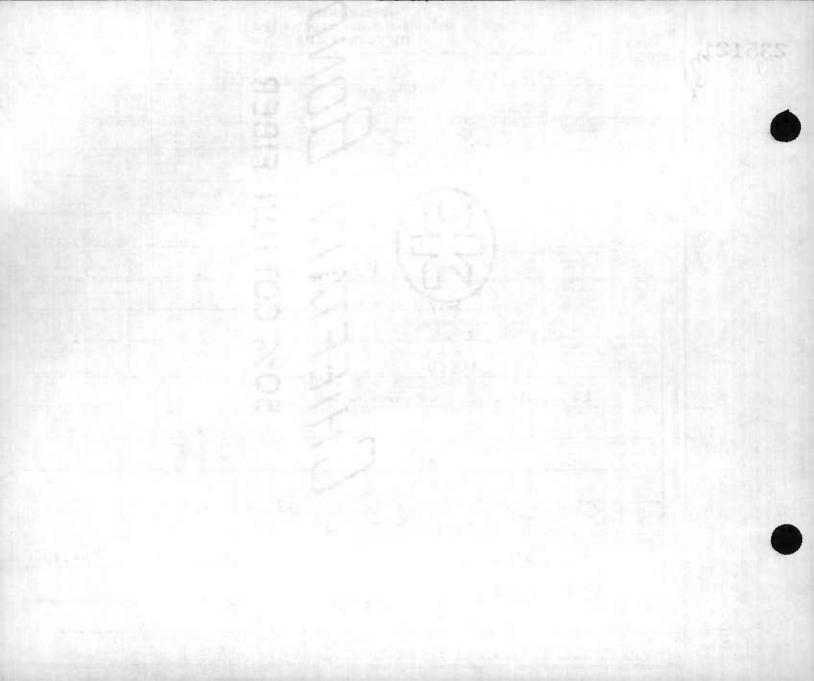
COUNTY STATE Md

8/19/85 Meadowridge Mem. 21229 Burial 24. FUNERAL DIRECTOR

610th is

KM

Pk. Elkridge Howard Mk 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVENUE AUG



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 22083

	REGISTRAR			CERTIFICA	TE OF DEATH		REG. NO).					
	CEASED NAME FIRST	MI	DDLE	LAST		20. DATE O		монтн	DAY YEAR	2b HO	UR		
LIAN	BOBBIE	LEE		DAV	IS	113		08 07	7 85	2:	38PM		
3. SE	X	4. RACE	5	DATE OF BI		6. AGE IN	YEARS LAST BIRT	HDAY)	MONTHS DAY	AR IF UND	R 24 HRS		
	Male	Black	100	nonth 1	16 28 YEAR	57		YRS	MONINS	HOURS	MIN.		
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF W	HAT COUNTRY? 8	AA A BRIED	NEVER MARRIED	9 BALTIMO	RE CITY O	COUNT	Y OF DEATH				
	S.C.	USA		VIDOWED [ALTIMO	DRE C	ITY			MD.		
10 C	ALTIMORE	THE NOT IN SUCH	OSPITAL, NURSING FACILITY, GIVE STREET ADD S HOPKINS	RESS)			OCCUPATION FOR MOST OF			OF BUSIN	IESS OR		
30	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	NTY	ive residence before ad 13c. City or town Baltimore	13d YE		13e STREET	ADDRESS /	zıp cop th St	E. 212	18			
4 F.	James	Dav:	is	15. /	Evelyn	ME	WIDDLE	F	arson	LAST			
	WAS DECEASED EVER IN U.S. A		66 SOCIAL SECURIT		NFORMANT	111111	ADDRE	SS					
	YES NO OR UNKNOWN) (IF YES, GI	VE WAR ON DRIES)	247-34-138	G.	ertie Ramse	y 317	E. 27	th St					
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last. PART 2 OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								VEN IN PART	Jyear 30-40 years			
CERTIFICATION	Sepsis (Condidios) 190 DATI OF OPERATION None	196 CONDITI			AS PERFORMED	200 AUT	NOX	IN CERT	S, WERE FINI IFYING CAUS	ES OF DEA	TH2		
MEDICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P.M.	MONTH DAY	YEAR 19	HOW INJURY OCCURR	RED (ENTERN	ATURE OF INJUR		PART 1 OR PART 2)	STATE		
•	AT WORK D AT WORK D	ital attended the		July	15 10 85	, to	lugust	7	. 1925		(we) lost		
- Mr.	Donald R. C	Chelie	tro	DEGI	ATTENDING PHYSICIAN ADDRESS Tohas	MEDICAL DIRECTOR	STAF PHYSIC	AN D	22c DA	TE SIGNED)		
230.	BURIAL, CREMATION, REMOVAL	8/12/8			ERY OR CREMATORY	23d. LOC	ATION ORTOWN Iltimo	N					

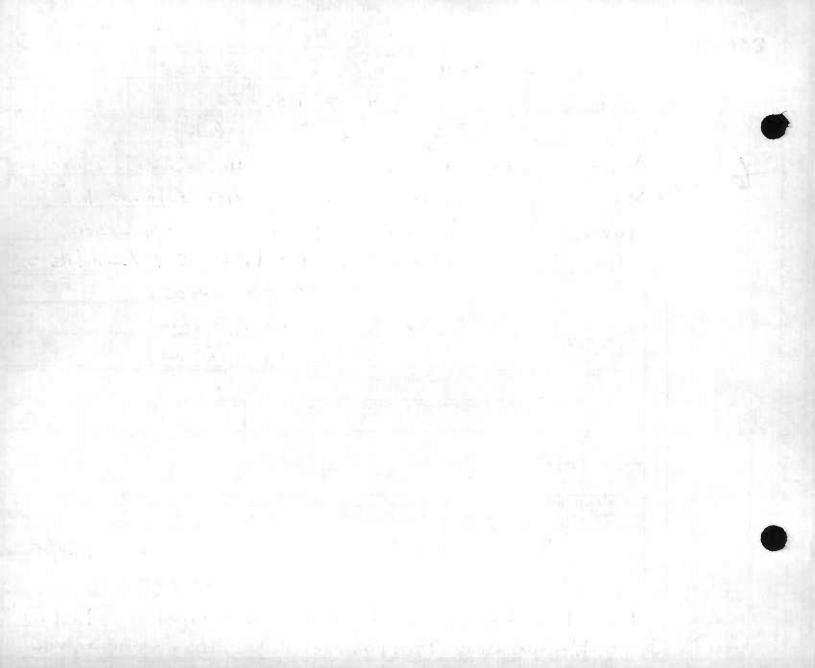
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Wm. C. March F/H 1101 E. North Ave.

250 DATE REC'D. BY REGISTRAR 256 REGISTRA

			STATE	OF MARYLAND	, n			
1.	FOR		EPARTMENT OF H	EALTH AND MENTA	HYGIENE	2 2	084	
	REGISTRAR		CERTIF	ICATE OF DEATH		REG NO		
		MIDDLE AK	A MEKRITA	451	2a DATE OF		NTH DAY YEAR	2h HOUR
(1YPE		The same of	D	AUTS	8-2	1-85		
3 SE		1 RACE	5. DATE C	F BIRTH		100	IF UNDER 1 YEAR	IF UNDER 24 HRS
	F	B			9 76		MONTHS DAYS	HOURS MIN
1 BI	QUNTRY).	76 CITIZEN OF WHAT CO	UNTRY? 8	NEVER MARRIE	BALTIMO	RE CITY OR C	COUNTY OF DEATH	
1	Ridgeway, S.C.	4. S. A	WIDOWE	DIVORCE		ty		MD.
10 C	TO LLA	HENOT IN SUCH FACILITY, O	SIVE STREET AODRESS)	R OTHER INSTITUTIO	(TYPE OF WORK	FOR MOST OF WO	ORKING LIFE) INDUSTRY	
USU	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDE	NCE BEFORE ADMISSION)	71741			re	21216
	Md.	17	11	YES NO	3106		mont Av	
14 FA	THER'S NAME FIRST	WIDOLE	LAST .	15 MOTHER'S MAID	ENNAME	MIDDLE 1	. LA	ST
/_	John	60	いますいの	Del		He	endersor)
			IAL SECURITY NO.	17 INFORMANT	2 1 1	-	1	1
	No	212	34-6239	Carl J	Dalark	209	ALLende	7/e ST.
	18 CAUSE OF DEATH (Enter o			2.1-			APPRO) BETWEEN	ONSFT AND DEATH
			ARDIO RE	SPIRATO	TRY A	RES	1	
		DUE TO, OR AS A CO	NSEQUENCE OF		. 1	,	= 0 X 12 1	
	Conditions, if ony, which	(ib)	Mare 1/0	Myocardi	al Infor	chion.		
	couse (0), stoting the	DUE TO, OR AS A CO	INSEQUENCE OF	21	. 61	0		
	underlying couse lost	(c)	1	ulmona	y emb	devi	•	
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO TH	E TERMINAL DISEAS	OR CONDIT	ION GIVEN IN PART 1	10
ō								
CAT	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	WAS PERFORMED	20a AUTO	PSY?	Ob. IF YES, WERE FIND!	NGS USED
E					YES 🗌	NO	YES	NO [
S.			UTH DAY VEAD	21c. HOW INJURY C	CCURRED (ENTER NA	URE OF INJURY IN	TITEM 18, PART 1 OR PART 2)	
AL		A111						
EDIC	21d. INJURY OCCURRED		Υ	21f LOCATION	1 1 1	CITY OR TOWN	CAISIN	
*	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTOR	Y, OFFICE, FARM, ETC.)	SIRCET		CITY OR TOWN	COUNTY	STATE
- 8	220.1 certify that (1) (this hosp	ital) attended the decease	d from		, to	F-1/17-17	19	that (I) (we) lost
	sow the deceased alive or	Annual design	, or	d that in (my) (our) o	pinion death occurre	d on the date		
	226. SIGNATURE	III. Well In pody giver dear		DEGREE			22c. DATE	SIGNED
	00	alyu	W)		ING MEDICAL	STAFF	10 26	24/85
	22d. PHYSICIAN S NAME (THE	Selvenory U		22e ADDRESS	JAK - DIRECTOR			110
	TULIUS K. I	BOAKYE		PROUID	F107 +	HOSPI	TAL	
23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C		TORY 23d LOCA	TION		
(PECIFY)	9 .0	- Md 11.	+ Man D.	CITY OF	TOWN	COUNTY	STATE
24. FU	INERAL DIRECTOR	-/ 00	Tivid. Na	2			REGISTRAR'S SIGNAT	TURE
Ja		N LONS	701 Las	ireas	AUG 2 7 19	85	wa wavedson A	indelle,
	3 SE) 3 SE) 10 CI (TYPE 3 SE) 10 CI (TYPE	- STATE REGISTRAR 1. DECEASED NAME (ITYPE OR PRINT) 3. SEX 2. BIRTHPLACE (STATE OR FOREIGN DUNTRY) 3. SEX 10 CITY OR TOWN OF DEATH 3. STATE 13b COU 14 FATHER'S NAME FIRST ON 18 CAUSE OF DEATH Enter o PART 1. DEATH WAS CAUSE (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH Enter o PART 1. DEATH WAS CAUSE (YES, NO OR UNKNOWN) 19 CONDITION 19 DATE OF OPERATION 19 DATE OF OPERATION 19 DATE OF OPERATION 21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING AT WORK 21d. INJURY OCCURRED WHILE AT WORK 21d. INJURY OCCURRED WHILE AT WORK 22d. PHYSICIAN NAME ((YES, OR) 22d. PHYSICIAN NAME (YES, OR) 22d. PHYSICIAN NAME ((YES, OR) 22d. PHYSICIAN NAME ((YES, OR) 22d. PHYSICIAN NAME (YES, OR) 22d	TOUR TOWN OF DEATH 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL 13. STATE 13. STATE 13. STATE 13. COUNTY 13. STATE 13. COUNTY 13. STATE 13. COUNTY 13. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL 13. STATE 13. COUNTY 13. CITY 13. CITY 13. CITY 13. CITY 13. COUNTY 13. CITY 13. CITY 13. CITY 13. COUNTY 13. CITY 13. CITY 13. COUNTY 13. CITY 13. CITY 13. COUNTY 13. CITY 13. COUNTY 13. CITY 13. COUNTY 13. CITY 13. COUNTY 14. FATHER'S NAME 15. SIGNE WAR OR DATES) 16. SOC 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC 17. COUNTY 18. CAUSE OF DEATH Enter only one couse per line for 10 part of 1	DEPARTMENT OF HE REGISTRAR 1. DECEASED NAME FIRST MIDDLE AKA MERITAR BELLING TO BELLING TO THE RESIDENCE (STATE OR FOREIGN TO BELLING TO THE RESIDENCE (STATE OR FOREIGN TO COUNTRY) 3. SEX RACE B S. DATE C MODITION OF THE RESIDENCE RESIDENCE (STATE OR FOREIGN TO SUCH FACILITY, GIVE STREET ADDRESS TO SUCH FACILITY, GIVE STREET ADDRESS ON THE RESIDENCE RE	DECEASED NAME	DEPARTMENT OF HEALTH AND MENTAL TYGIENE REGISTRAR I DECEASED NAME I PST MODITE AND I BERTHPLACE (STATE COPERATION I STATE COPERA	DEPARTMENT OF HEALTH AND MENTAL PYGIENE STATE ST	DEPARTMENT OF HEALTH AND MENTAL PYGIENE CERTIFICATE OF DEATH 2 STREET STREET



FOR

REGISTRAR

- STATE

219091

DHMH - 16 60M 7/B4

(VRA 15, 4)

212-34-4505 Ruth G. Davis, 643 E. 36th St. 21218 APPROXIMATE INTERVAL Immediate TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? .19. 85 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Univ. Hosp. 22.5 Greene st. Balto md. Burial 8-5-85 New Cathedral Balto. Md. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE John CectoMiller, Inc., 6415 Belair Rd Ma Lundson Randelle Balto., MD 21206

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

2h HOUR

Balto News America

INDUSTRY

12:10 A.

CERTIFICATE OF DEATH

13

O FUNERAL DIRECTOR

hould be detaith with the State Dep MPORTANT, H

DHMH - 16 50M 4/83

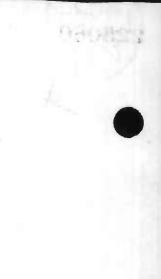
(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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dia.	Con		0	O

FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL &	Y GIEWE	2 REG. NO	2 0	වී ර)	
1. DECEASED NAME FIRST		WIDDLE	i	AST	20. D	ATE OF DEATH	AONTH DAY	YEAR	2b. HOUR	_
GEORG	F.	W.	D	AVIS. SR.			8 6	85	1:30P	м
1.SEX	4. RACE	-11.	5. DATE C	OF BIRTH	6. AG	E (IN YEARS LAST BIRTH	(DAY) IF (UNDER I YEAR	IF UNDER 24 HR	
MALE	WHITE		04.	/16 DAY YEAR 07		78	YRS.	VIHS DAYS	HOURS MI	N.
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	? 8 MARRIE	D NEVER MARRIED	9 BA	LTIMORE CITY OR	COUNTY O	FDEATH	1	
Pennsylvania		S.A.	WIDOWE	DIVORCED [Baltimo	re City	,		MD.
M. CITY OR TOWN OF DEATH		HOSPITAL, NURSI		OR OTHER INSTITUTION		JSUAL OCCUPATION OF WORK FOR MOST OF			F BUSINESS C	OR
Baltimore		udson St		21224	I	aborer		Stee1	Mill	
USUAL RESIDENCE (IF NURSING HOME 130 STATE 136 CO	OR OTHER INSTITUTION JNTY	136. CITY OR TOV	WN	13d. INSIDE CITY LIMITS? YES 🔯 NO 🗌	2.61	TREET ADDRESS /		2122	3	
FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN I		MIDDLE		, LAS	it	
UNKNOW		168 SOCIAL SEC	LIPITY NO	17 INFORMANT	U	N K N O V	N N			_
	GIVE WAR OR DATES)	169-05-		Pat Boisse	au 32	07 Hudson	st.	_ 2122	4	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICAN	conditions co	ONTRIBUTING TO	DEATH BUT	RT FAIL	ERMINAL [DISEASE OR COND	ISE DITION GIVEN			=
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED		S NO	20b. IF YES, W IN CERTIFYIN YES (NG CAUSES	NGS USED OF DEATH?	
OR CONTRIBUTING CAUSE OF E	DEATH HOUR A	.m. month d .m.	DAY YEAR	21c HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY	IN ITEM 18 PART	1 OR PART 2)		
21d. INJURY OCCURRED WHILE NOT WHILE ALL WORK		OF INJURY REET, FACTORY, OFFICE,	FARM EIC]	211. LOCATION STREET		CITY OR TOW	'N	COUNTY	STATE	
220.1 certify that (1) (this has saw the deceased alive above, (1) (war (dad) (did			85 , 00	nd that in (my) (avr) apini	ion death	accurred on the dat	te and haur a	nd from the	that (I) (we) li causes stated	ast
27b. SIGNATURE	kun	un Ch	gra	DEGREE ATTENDING PHYSICIAN	G ME	DICAL STAF	AN [STL DATE	SIGNED /	
226 PHYSICIAN'S NAME (TYP	OR PRINT			22e ADDRESS				((
Dr. Chopra				3455 Wilke						
230. BURIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR CREMATOR	RY 23	LOCATION CITY OR TOWN	c	OUNTY	STATE	
Cremation	8/7/8	5 Se	ecurit	y Process Cr		Catonsvi]	lle Ba	altimo	re Md.	
24 FUNERAL DIRECTOR		ADDRESS		250. (DATE REC	D. BY REGISTRAR 2				
Hubbard Funeral	Home, In		Wilken	s Ave.	IAU6	9 1985	Jane Di	ividson-	handers	_



STATE OF MARTLAND FOR = STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 2. 8

	REGISTRAR							REG. NO.								
	OR PRINT)	FIRST		AIDOLE		AST		20 DATE OF DEATH	MONTH	DAY YEA	\R	26 HOU	R A			
		Helen		ginia	DA	VIS		August 2	-	85		10:	25 _M			
3 SEX			4 RACE		S. DATE C	OF BIRTH		6. AGE (IN YEARS LAST BIR	(HDAY)	MONTHS D	TH MD. ND OF BUSINESS OR STRY GOVT. 2 2 1 2 2 2 LAST COrchard PPROXIMATE INTERVAL MERNONSET AND DEATH RT 110 INDINGS USED USES OF DEATH? NO RT 21					
1	F		В.		8 WONTH	7° 19	32	53	YRS							
0	RTHPLACE (STATE O	R FOREIGN		WHAT COUNTRY?	MARRIE	D NEVER MAR	RRIED 🗆	9 BALTIMORE CITY O			EATH AD. KIND OF BUSINESS OR DUSTRY GOVt. Ard 21222 AND LAST The Orchard APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
]	Balto.,	Md.	U.S.		WIDOWE	DIX DIVO	RCED 🔲	Baltimor	e Cit	У			ME			
	TY OR TOWN OF DE	ATH		OSPITAL, NURSIN		R OTHER INSTITU	NOIT	12a USUAL OCCUPATI				BUSINE	SSOR			
- 6	ltimore	1		yland Ge		Hospita	1	Personne	1 Mg	t (Govt.					
	L RESIDENCE (IF NIII)	E OR		13c. CITY OR TOW		13d INSIDE CITY	LIMITS?	13e STREET ADDRESS / ZIP CODE								
	Md.	Balt	.0.	Turne	rs	CE.	0 🗆	830 Peac	h Or	char	d 2	2122	22			
FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S M		MIDDLE			LAST					
	Percy			ller			rude			rson						
	AS DECEASED EVE		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT		ADDRE	SS							
	no			214 26	237	7 Cynt	hia l	Mondie 8	30 P		ach Orchar					
	18 CAUSE OF DEA	TH (Enter on					BETW	PROXIM	ATE INTER	DEATH						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Conditions, if ony, which Carcinoma of the floor of the mouth															
(speed																
-	Conditions, if on		(b)	Carcinom	ine floor	r of t	he mouth									
	couse (a), stat	ing the	DUE TO, OF	AS A CONSEQUE	NCE OF											
			10	Dehydrat												
z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 History of Carcinoma of the Breast															
ATION	The state of the s									C WEDE EINIDINICS LISED						
O	170 0412 07 01211		1/4 COMBI	norviok winen	OFERATIO	WAS TERIORM			IN CERTI	FYING CAU		F DEAT	H?			
CERTIF	21a. ACCIDENT WAS U	NDERLYING T	21b. TIME OI	FINJURY		121¢ HOW IN JUE	RYOCCURRE	YES NOW		ES C	r 2)	NO []			
	OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A.	M. MONTH DA			occount	LD TEINIER INATIONS OF INSUIT	THE HEM TO	PART TOR PART	1 21					
MEDICAL	(IF EITHER NOTIFY MEI		21e PLACE (19	211 LOCATION										
ME	WHILE TO NOT V			EET FACTORY, OFFICE F	ARM, ETC }	STREET		CITY OR TO	WN	COUNTY	(S	TATE			
	220.1 certify that 2	_	(al) attended the	decented from	19	83	19	to August	T	985	- 1	.V. /	- 1 -			
			August													
	22b. SIGNATURE	(did) (did yo	view the body	ofter death.		DEGREE										
0	NG N	1. Lch	tifeld	MI	()	ATTE	NDING -	MEDICAL STAF	F							
	224 PHYSICIAN'S N	AME (TYPE OF	R PRIMT)		/	22e ADDRESS	SICIAN E	DIRECTOR PHYSIC	IAN				-			
	Karen Mo	ss Lic	chtenfel	d, M.D.		c/o Mary	yland	General Hos	spita	1						
23a. B	URIAL, CREMATION	I, REMOVAL	23b. DATE	23c N	IAME OF C	EMETERY OR CRE	MATORY	23d LOCATION								
(5	Burial		8/28		rbut			Balto		COUNTY	7.	5	TATE			
24. FÜ	NERAL DIRECTOR	2012					25a. DATE	REC'D. BY REGISTRAR	256. REGIS			RE				
Ja	as A. Mo	rton	& Sons	1701	Laur	ens St.	AUG	2 7 1985	relia D	widson	B.	vl. Da	5			
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DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or ather traumatic

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240039		STATE REGISTRAR		MEI	DICAL EXAMI	NER'S	CERTIFICATE O	FDEATH -	REG. NO.	9
10000		CEASED NAM	E FIRST	T	WIDDLE	128 04	LAST	2a. DATE KI	HINOW NONH	DAY YEAR 25. HOUR
bt og 40 t2 ±:	(11)	E OR PRINT)	Hen	nry	Flory		Davis	OF DEATH A	ESTI-	15/ 19 85
TREE CREATER	3. SEX		4. RACE	5 DATE OF BIRTH	6. AGE (IN)	EARS IF UN			HINOM	DAY YEAR 2d HOUR
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3 3 × 2 5 2 5 7	7a. Bl	RTHPLACE (S	TATE OR	76 CITIZEN OF WH		Te	IED NEVER MARRI	9. BALTIMO	RE CITY OR COUN	
日本のを表	FC	Maryla:	nd	U.S.	A.	WIDOW	and the same of th	ED XX Balti	more City	
SE S	10. CI	TY OR TOWN		11. NAME OF HOS	PITAL, NURSING HOA	AE, OR OTH		120 USUAL OCCUPA	TION TTYPE OF WORK	126 KIND OF BUSINESS
A PARTY		Balti	more		cility, give street address lechen St.	4.5		Teacher	4G LIFE)	SCHOOL STRY
SON SON	USUA	L RESIDENCE	(IF IN NURSING HO	OME OR OTHER INSTITUTION, GI	E RESIDENCE BEFORE ADMIS	SION)				
2 44 A 5 B		Md.	13b CO	DUNTY	Baltimore		YES NO	301 McM	echen St.	21202
V CALLE NO	114)E/	ATHER'S NAMI	Í	MIDDLE	LAST	F-30	15. MOTHER'S MAIDE	N NAME MIDI	DLE	LAST
# 5525 W		Hen	-	F.	Davis		Mary			Bleakley
BALTIMORE, MD. S AFTER DEATH. FOR SAN 3 AGES 1. R. AGES 1. R. VIETE 2. R.	16a V	ES, NO, OR UNKNO	D EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES! Orean	166. SOCIAL SECUR	TY NO.	17. INFORMANT		700ssRusk	Ave.,
A A STATE		Yes	K	orean	?		Marshall	s. Frantz J	Baltimore.	, Md. 21215
5005.00		18 CAUSE C	OF DEATH (Enter	r anly ane cause per line						BETWEEN ONSET AND DEATH
ON SI 24 HO CONG PERM SIENE VAL	100	TAKITO		DIATE CAUSE (a) AT			Cardiovasc	ular Disea	se	
PRESTON ITHIN 24 F CIL IN ITEA VER ALON VER ALON ANSIT PER AL HYGIEI REMOVAI		0.000			AS A CONSEQUENCE	OF				
201 W. PRES UTED WITHIN IN PENCIL IN EXAMINER I. IAL - TRANSI O MENTAL H ON, OR REM		gave ri	ns, if any, wh se to immedi	iate (b)						
TED WILL NEW YEAR YANGE WAS WAS WILL TRANS WENT A MENTA MENTA MENTA MENTA MENTA WENTA WENT		lying cau) stating the uncuse last.	DUE TO, OR	AS A CONSEQUENCE	OF				
S EN S				(c)						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HO. RITING THE WORD "PENDING" IN PENCIL IN ITEM IN RDED TO THE CHIEF MEDICAL EXAMINER ALONG SES SHOULD BE USED AS A BURIAL. TRANSIT PERMI EDEPARTMENT OF HEALTH AND MENTAL HYGIENE. SO PRIOR TO BURIAL, CREMATION, OR REMOVAL	-	PART 2 OTHER SI	GNIFICANI CONOITI	IONS CONTRIBUTING TO OEATH	BUT NOT RELATED TO THE TEL	MINAL OISEAS	E OR CONDITION GIVEN IN PAI	RT 1 (a)		
ECO BE ENDING WED AS A SALTH	é									
HOULD ROUTE NO. 19 CONTROL OF HE	V	196 DATE OF	OPERATION	196 CONDIT	TON FOR WHICH OPE	RATION W	'AS PERFORMED?			20 AUTOPSY?
ISION OF VITAL RI FRTIFICATE SHOULD ING THE WORD."PP ED TO THE CHIEF A 3 SHOULD BE USED. PRIOR TO BURRILLOF HE PRIOR TO BURRIAL.	CERTIFICATION		AL CAUSE WAS							YES NO X
SAN THE SAN OF	2	UNDERLYING	-		MONTH DAY YEA	AR ZIG H	OW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PA	RT 2]
C C RATE OF THE C	Ş	CONTRIBUTI	NG CAUSE							
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MEDICAL EX MINER: THIS C CUTE HE CERTIFICATE, WRIT SE 4 SHOULD BE FORWARD FUNETAL DIRECTOR: PAGE: THE PEATH, WITH THE STATE I HANGRE, MARYLAND, 21201		AT WORK	NOT WHILE							
ATE, ORV		22a I certe	ify that I taak ch	harge of the remains des	cribed above, held an	Autop	sy . Inspection	X Inquiry	and in my a	pinian
N SERVICE SERV		death result	ed fram: N	latural causes	Accident , S	vicide 🗌	, Hamicide .	Undetermined man	ner .	
OIRE WIT		Commence of		AA	~		TITLE (SPECIFY)			
SHOULD SHOULD WE MARE, WARE, WARE	1	SIGNATURE.		40/	1/	м	D Assistant	MEDICAL EXAMIN	DATE NER SIGNE	
NORTH SET	1	EXAMINER'S	NAME							
PAGE WE WERE		(TYPE OR PRI	NT) Gre	egory R. Kai				11 Penn St	•	
	23a.Bl	URIAL, CREMA Cromat	TION, REMOVA	Aug. 19,19	23c. NAME OF CI		r CREMATORY orial Park	23d LOCATION Baltimore	e, Marylai	nd STATE
BP	24 FI	JNERAL DIREC		1			25a. DATE R	REC'D. BY REGISTRAR		
DHMH · 17 (VR A15 ME (5))	1	14.5	le Vier	Owings	Mills, Md.	2111	7 AUG 2	2 1005	tia Savidson	
20M 4/B2	1	1	- Company	UI .			1.00 2	I CI MANN !!		

STATE OF MARYLAND

C-Restion | Aug. 19. 1965 Marchew No. 71. 1. Baltimore Neryland

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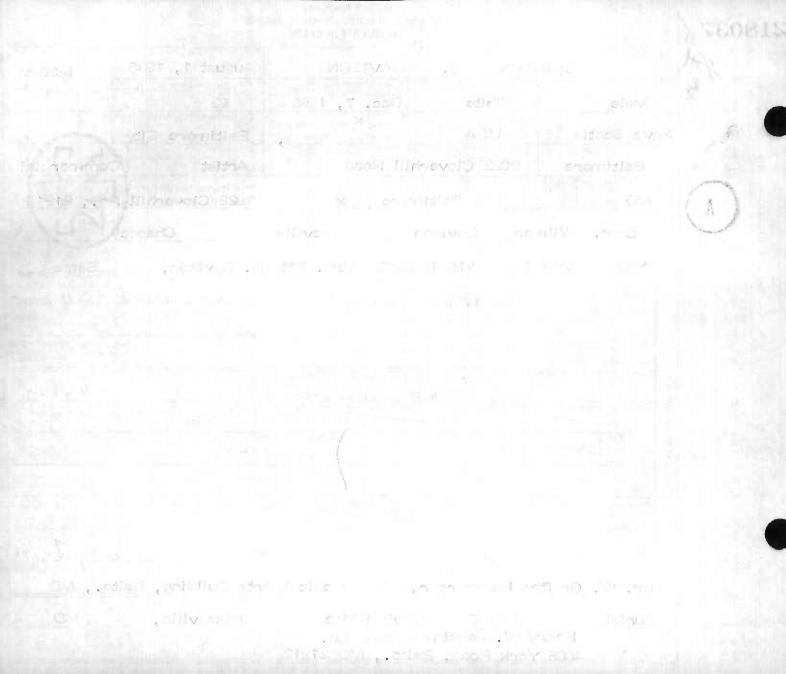












other

marked or

IMPORTANT: If Item 21 should be detached

CERTIFICAT

190 DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING

23a. BURIAL, CREMATION, REMOVAL

prior

page 3

	STATE OF MARYLAI
232120 - FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND M CERTIFICATE OF DE

MID

S	O - FOR STATE REGISTRAR		DEPARTMENT OF HI	CATE OF DEATH	REG. NO.	0 9	0
. ,	IT. DECEASED NAME FIRST	WIDDLE	- 1/	ST	20. DATE OF DEATH MONT	H DAY YEAR	2b HOUR
	MARJORIE MARJORIE	K	DAVISO	N	AUGUST 8,1985	j	9;55A M
	3. SEX	4 RACE	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 24 HRS
	Female	White	Auc	18,1931	53	YRS. DAYS	HOURS MIN.
		76 CITIZEN OF WHAT CO	DUNTRY? 8	NEVED MADDIED [9 BALTIMORE CITY OR CO	UNTY OF DEATH	
7'	rennsylvania	USA	WIDOWE	NEVER MARRIED DIVORCED	BALTIMORE CIT	Y	MD.
1	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		ROTHER INSTITUTION	12a USUAL OCCUPATION		OF BUSINESS OR
2	BALTIMORE		OPKINS HOS	SPITAL	Homemaky		ne
L	UAL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDE		134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE	
1	IMD IA	th Har	napolis	YES NO	1514 Fawr	1's Walk	1.21401
3	FATHER'S NAME			15. MOTHER'S MAIDEN NA	ME		
4	Boy S'	V. Ku	nKle	Etta	WIDDLE	Fin	ley
2	60 WAS DECEASED EVER IN U.S. AR		TAL SECURITY NO	17 INFORMANT	ADDRESS	Same a	3 0
-	(YES, NOORAINKNOWN) (IF YES, GIVE	ROT-	46-4280	Mobert L.	Davison-	#13	
111	18 CAUSE OF DEATH LEnter on		a), (b), and ic	+ 1	G.)	APPROX BETWEEN	ONSET AND DEATH

18 CAUSE OF DEATH IE	RES. GIVE WAR ON DATES) 201-46-4280 Nobert L. Davison- 4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
IMA	AUSED BY: BEDIATE CAUSE 10) Hout Respiratory Distress - Indiane	Iday
		1,1/
Canditions, if any, wh		11 Oay
gave rise to immedia	ite)	2
underlying cause la	Due to, or as a consequence of Lymphocytic Leukenia	1x years

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR P.M. 19		CO (EMIER MATURE OF INJUST IN TIEM I	B PART I OR PART 27	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
22a. I certify that (I) (this hospital) sow the deceased alive an abave, (I) (we) (did) (did not) vi	ew the body after death.	nd that in (my) (our) apinian d	, to	. 19 PT Our and fram the	that (I) (we) las
276. SIGNATURE	Boler	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED
22d. PHYSICIAN'S NAME (TYPE OR PR	elta.	220 ADDRESS	ectern Ave		

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

etoined by the

BP.

24 FUNERAL DIRECTOR bapel- Annapolis, MI)

23b. DATE

216. TIME OF INJURY

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

206. IF YES, WERE FINDINGS USED

YES []

IN CERTIFYING CAUSES OF DEATH?

NO [

20a AUTOPSY

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2)

23d. LOCATION

CITY OR TOWN

GEISTE FOR CONTRACT OF A STATE OF THE FORT TO SELL T september 2800 jane

		FOR		TATE OF MARYLAND OF HEALTH AND MENTAL H	YGIENE O O	0 1
249053		STATE REGISTRAR	MEDICAL EXAM		F DEATH REG. NO.	7
23	I DE	CEASED NAME FIRST	MIDDLE	LAST	20. DATE KNOWN X	ONTH DAY YEAR 25 HOU
PECTOR RECTOR RELES STREET	1 SE	KETINE	S. DATE OF BRITH BAGE IN LAGE IN	CHECATI MONTHS DATE ROURS	24 HRS. IV. DATE MC	ONTH DAY YEAR 2d HOU
ESSARY ERALDI THIN 72 RESTON	Ta is	RTHPLACE EDITE OF	76 CHIZEN OF WHAT COUNTRY?	8. MARRIED PREVER MARRI	9 BALTIMORE CITY OF C	8 21 19 85 11P A
IS NECESSIFIED IN THE FUNER OF THE PROPERTY OF	10 CI	TY OR JOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO		Baltimore Ci	7
NY DELAY IS 3 TO THE P ND BE PILED PRDS, 201	USUA	altimore	University Hosp. OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM	AISSION)		ORINDUSTRY
<u> </u>	1	Paryland Tal	but Bucker	Ke YES NO [130 STREET ADDRESS	721625
1 20	4 F/	THEP'S NAME FIRST	MIDDLE DIAST	15 MOTHER'S MAIDE	N NAME MIDDLE	Libson
	16a. V	VAS DECEASED EVER IN U.S. ARA ES, NO, OR UNIXADOWN) (IF YES, GIVEN	MED FORCES? WAY OR PATES) ALL SOCIAL SECU	IRITY NO. 17 INFORMANT	ADDRESS	
E SE	>		y ane couse per line far (a), (b), and (c).) BY: ECAUSE (a) Multiple in		CALCIPIE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON IN ITHIN 24 IO CIL IN ITEM VER ALCING ANSIT FERM AL HYCIENE REMOVAL		Conditions, if any, which	DUE TO, OR AS A CONSEQUEN			
₹ > X = X = X	13	gave rise to immediate couse (a) stating the under- lying cause lost.	(b)	CE OF		
	1		(c)	TERMINAL DISEASE OR CONDITION GIVEN IN PAR	et 1 rai.	
DIVISION OF VITAL RECORDS, S CRETIFICATE SHOULD BE EXECRITING THE WORD "PENDING" ROED TO THE CHIEF MEDICAL SE 3 SHOULD BE USED AS A BUT E DEPARTMENT OF HEALTH AN OI PRIOR TO BURIAL, CREMATI	ATION	19a. DATE OF OPERATION	19%, CONDITION FOR WHICH O	PERATION WAS PERFORMED?		20 AUTOPSY?
SHOUND ON THE OFFI	CERTIFICATION	210 EXTERNAL CAUSE WAS	THE OF INDIP	Tal House was account		YES 🙀 NO 🗆
WINER: THIS CERTIFICATE SHOULD B HICATE, WRITING THE WORD "FEN BE FORWARDED TO THE CHIEF ME GTOR: PAGE 3 SHOULD BE USED AS H THE STATE DEPARTMENT OF HEAL MAND, 21201 PRIOR TO BURIAL, CR	MEDICAL CE	UNDERLYING \$\int OR CONTRIBUTING \ CAUSE OF D	DEATH 9:25.M. 8-21- 19	85 Pedestrian st	ruck by truck.	OR PART 2)
ARDED ARDED ARE DEP	MED	218. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.)	STREET	of Cordova,	COUNTY STATE Talbot, MD
CATE, THE STATE ST		22a I certify that I took charge	e af the remains described above, held	Autopsy X , Inspection		my apinion
EXAMI GERTIFIC DIRECT WITH WARNI			discourses . Aschdom X	Suicide Homicide TITLE (SPECIFY)	Undetermined manner,	
DICAL TETHE SHOUL DEATH, NORE, A		ACTUAL SIGNATURE	LOW OUT WAY	M.D. Acting Ch		RATE 8-22-85
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STABLE DEATH OF	23a. Bl	EXAMINER'S NAME Thor (TYPE OR PRINT) Thor URIAL; CREMATION, REMOVAL 23	mas D. Smith, M.D.	ADDRESS 111 PE	enn St., Balto., I	MD 21201
/84 BP	{5	BULLU JNERAL DIRECTOR	8-29-85 Cha	Rel n	Euslin 7	A Mal
DHMH - 17 (VR A15 ME (5))	1	AME DELLES A	Grand F	ten my cro	EC'D. BY REGISTRAR 256 REGISTRA	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH DECEASED NAME 26. HOUR TYPE OR PRINTS ELENORA DEAN 4 RACE 5 DATE OF BIRTH IF UNDER 1 YEAR YEAR FEMALE WHITE JAN. 10 1899 86 **BALTIMORE CITY OR COUNTY OF DEATH** BIRTHPLACE ISTATE OF FOREIGN TE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY MD. U.S.A. WIDOWED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR B & UNION MEMORIAL HOSPITAL BALTIMORE CITY CLERK 0 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 3c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 5309 LEITH RD. APT G 21239 BALTIMORE MD. YES XX 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE CLARA HORNER GEORGE DEAN ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT HE YES GIVE WAR OR DATES 705-05-4012 JOSEPH HORNER SR. 3330 ACTON RD.21234 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY CARDIAC IMMEDIATE CAUSE (0)____ INFACTION. MYGEMPIRE Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO F nol-tronsit 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIFETHER NOTIFY MEDICAL EXAMINER PM 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a.t certify that My (this hospital) attended the deceased from saw the deceased alive on_ and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view 226 SIGNATURE DEGREE ATTENDING MEDICAL O FUNERAL E PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME ITYPE OF PRINTS 22e ADDRESS UNION MEMORIAL HOSPITAL L. I. KITCHIN, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION (SPECIFY) CITY OR TOWN COUNTY STATE BURIAL OAK LAWN 8/13/85 BALTIMORE MD. 24 FUNERAL DECHIMUNEK FUNERAL HOME, INC. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 3331 Brehms Lane, Balto. Md. 21213 AU6 (VRA 15, 4) wha waydown

252033	11-	FOR STATE REGISTRAR	ME	DICAL EXAMINER'S	CERTIFICATE O		9 3
/	TOE	EASED NAME FIRST	т.	MIDDLE	ŁAST	20. DATE KNOWN OF ESTI-	15.11001
PLEASE ICTOR. FILES. HOURS	3. SE)	MA I4 RACE	RY LE		TUS INDER 1 YR. IF UNDER	DEATH MATED 8-2 24 HRS. 2c. DATE MONTH	29-8519 A
F 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		emale White	11/12/	1929 55 YRS.		MIN PRONOUNCED	29-8519 5:49
- A 34	FO FO	RTHPLACE (STATE OR BEIGN COUNTRY)	USA	HAT COUNTRY? 8. MAR WIDO	RIED NEVER MARRI		
AMB -		TY OR TOWN OF DEATH	II. NAME OF HOS	SPITAL, NURSING HOME, OR OT	HER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK	126, KIND OF BUSINESS
300 4331		Baltimore		Scott Medical	Center	Restaurant	Helper
ANY DANY DANY DETAIN	USUA 13a S	RESIDENCE (IF IN NURSING HOME TATE LAND 136 COU!		RESIDENCE BEFORE ADMISSION) Baltimore	13d INSIDE CITY EIMITS? YES NO	3307 Schuck St	. 21224
RE, MD.		rther's NAME ranklin	MIDDLE	Debelius	15. MOTHER'S MAIDE Margar	et MIDDLE	Gillen
IMO SECOND	16a V	VAS DECEASED EVER IN U.S. AI	RMED FORCES?	166. SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
BALTIMORE S AFTER DEA GUVE PAGES GUVE PAGES IN ISSION ON WISSION ON		no			James De	belius 4600 O'D	onnell St.
2250		IN CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	D BY:				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL RITING THE WORD "PENDING" IN PENCIL IN ITEM 11 ROED TO THE CHIEF MEDICAL EXAMINER ALONG 35. 3 SHOULD BE USED AS A BURIAL RANNSIT PERMIT EDEPARTMENT OF HEALTH AND MENTAL HYGIENE, 101 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Canditians, if any, which gave rise to immediate cause (a) stating the under lying cause last.	DUE TO, OR (b)	Arterioscleroti AS A CONSEQUENCE OF AS A CONSEQUENCE OF	C-Carutuvasi	cutar utsease	
CORDS, SE EXECT JDING" EDICAL S A BUR REMATK	N O	PART 2 OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH	RUT NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PAI	RT 1 (a)	
TAL REGISTRES TO THE METER WISED A OF HEAR	IFICATIV	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERATION	WAS PERFORMED?		20. AUTOPSY?
ON OF VI	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M	MONTH DAY YEAR		D LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR F	
DIVISION WRITING WRITING WARDED AGE 3 SI ATE DEPT 1201 PR	MED	WHILE NOT WHILE AT WORK		OF INJURY (AT HOME, 21f. L. TORY, FARM, ETC.)	OCATION STREET	CITY OR TOWN	OUNTY STATE
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOLE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 11 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNCATE DEPARTMENT OF HEALTH AND MENTAL PREMISE PERMISER BEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		22a. I certify that I taak char death resulted from: Nati ACTUAL SIGNATURE	ge of the remains des	Accident , Suicide	Homicide ,	Undetermined manner .	apinian E _{NED} 8-30-85
O MEDIC XECUTE I AGE 4 SI O FUNE MATER DEA				. Korell,M.D.	_ADDRESS	enn Street	
07/84 BP	I	urial, cremation, removal Burial	23h DATE 9/3/85	Oak Lawn (Baltimore	NTY STATE
25M DHMH - 17		UNERAL DIRECTOR	ADDRESS		SE SE		SIGNATURAL
(VR A15 ME (5))	(Connelly Fund	eral Home	e of Dundalk	OL.		

STATE OF MARYLAND

Best Williams

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE

250. DATE REC'D. BY REGISTRAN 256 REGISTRAN'S SIGNATURE AUG 19 1985

1-	STATE REGISTRAR	DEF ARTH		ICATE OF DEATH	REG. NO).	,	•
	CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
TITPE	MARY L	· Jembec	K		AUG	16,	1985	1:05PM
1.56	4 F	RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY	IF UNDER I YEAR	IF UNDER 24 HRS
	F	W	Ø /		77 YRS. MONIHS DAYS			HOURS MIN.
	RTHPLACE (STATE OF FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	BALTIMORE CITY OF	COUNTY OF DEATH		
n	ARTHAND U	1.5.A.	WIDOWE		DAKTIMON	OF 1	1174	MD.
7	TIMO F DEATH	NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST PER	ON WORKING L		F BUSINESS OR
USU.	AL RESIDENCE (IF NURSING HOME OF OTH	PER INSTITUTION GIVE RESIDENCE PERORE	ADMISSION)		TUINE INFI	4	0	0000
13a	RYLAND 136 BUNTY	BALTIMO	RE	13d INSIDE CITY LIMITS?	3407 X	ARD.	LEY 1	B.
\mathcal{B}	OLESLAW B	RONAHOWS	ti	LEONA	WIDDE		LASI	t .
lân V	AS DECEASED EVER IN U.S. ARMED		RITY NO.	DW ACOSTA	3407 Y	ARD/	EY P	
	18 CAUSE OF DEATH (Enter only o	one couse per line for line. (b), par	٠	. /	10/		APPROXI	MATE INTERVAL
	PART I. DEATH WAS CAUSED B'	1111 12312	1.0	Cervicul C	anal		one	ver
	DAMEDIALEC		NCFOF	1				1
	Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCEOF				1100	
	gove rise to immediate cause (a), stating the					.61-		5,000
	underlying cause last.	DUE TO, OR AS A CONSEQUE	NCEOF				100	
	PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CONF	ITION GI	VEN IN PART 110	
No.				TO THE TENNE	THE DISEASE ON COME	,,,,,,,,	TEN IN CART III	
CERTIFICATION	19s DATE OF OPERATION	96. CONDITION FOR WHICH	OPERATIO	IN WAS PERFORMED	200 AUTOPSY?		S, WERE FINDIN	
H.					YES NO YES NO NO I			OF DEATH?
CER	21s. ACCIDENT WAS INDERLING.	216. TIME OF INJURY	9 4	21c. HOW INJURY OCCURR				110 [
	OF CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	Y YEAR					
MEDICAL	214. INJURY OCCURRED	21e PLACE OF INJURY	19	21f LOCATION				
M	ATWOM CO MOTHER CO	(AT HOME STREET FACTORY, OFFICE, FA	ARM ETC)	STREET	CITY OR TOV	VN	COUNTY	STATE
	22a certify that (I) (this haspital)	attanded the detected from		1076	8/14		10 61	
	saw the deceased alive on obave, (I) (we) (did) (did not) vi	8/15/ 19 8	5.0	nd that in (my) (our) opinion o	death occurred on the do	te and ho		that (1) (we) lost couses stated
	PRESIGNATURE	The dody Ther deom		DEGREE	/		22c. DAVE	SIGNĘD
1	1			ATTENDING PHYSICIAN	MEDICAL STAF	FIAN	8/1	4/81
7	THE PAYSICIAN'S NAME (TYPLORPRI	ruld my)	27e ADDRESS H	shlow	21	224	/
-	1 100			11	1		- /	

DHMH - 16 60M 7/84

(VRA 15, 4)

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CREMATION, REMOVAL

7. . . . TO KNOW TO THE TO SHE AS THE STREET STREET NOW WHEN THE PROPERTY SHEETING A DE But stand franchis of the self miles and The transfer of the state of th Burial ? - in The Mercian Carper at me

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2136

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENG CERTIFICATE OF DEATH

2209

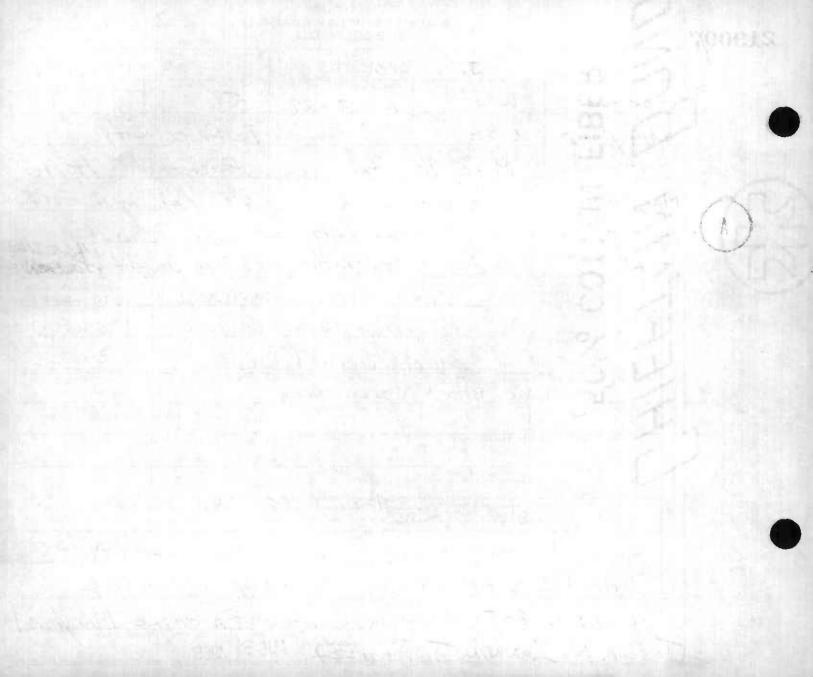
	REGISTRAR		4211111	CALL OF BEATH	REG. N	Ю.	A	
	CEASED NAME FIRST	WIDDLE	ı	AST	20. DATE OF DEATH	MONTH DA	YEAR	26 HOUR
	NEL	LIE R.		ENT	AUGUST 2			11:21A
3. SE	X	4 RACE	5 DATE C		6. AGE (IN YEARS LAST BE		UNDER I YEAR	HOURS MIN.
F	emale	Black	6	18 08	77	YRS.		
J-B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH	
2	MD	USA	WIDOWE		BALTIMO	RE CIT	Y	MD.
10, 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NE		R OTHER INSTITUTION	120 USUAL OCCUPAT	ION		OF BUSINESS OR
	BALTIMORE	THE JOHNS HO	OPKINS	HOSPITAL	(TITE OF WORK FOR MOST	J	II DOSTRI	
13a	AL RESIDENCE (IF NURSING HOME STATE 136 CO	or other institution give residence 136. CITY OR Baltimo	TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 2103 Belair		213	
4. F.	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME			
1	George	Lindsay		Nellie	MIDDLE	Ke	11v	1
	WAS DECEASED EVER IN U.S.		SECURITY NO	17. INFORMANT	ADDR			A-4-14-
	(YES, HOOR UNKNOWN) (IE YES.	GIVE WAR OR DATES)	'A	Laura Logan 210	3 Belair Rd.			
	18 CAUSE OF DEATH (Enter	anly one cause per line for (a), (b	ol, and ici				BETWEEN	IMATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAU		piratory	Failure			3 da	
	100000	DUE TO, OR AS A CONS	EQUENCE OF					
	Conditions, if ony, which	((b) Pu	monary E	mbolus			3 da	45
	gove rise to immediate cause (a), stoting the	DUE TO, OR AS A CONS				300		,
	underlying cause last	(c)						
-	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 10	0
CERTIFICATION	Cerebovaza	cular Accident						
CA	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V		NGS USED OF DEATH?
RTIF					YES NO	YES		NO 🔀
100	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM IS PART	I OR PART 2)	
SAL	(IF EITHER NOTIEY MEDICAL EXAMI	DEATH	19					
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FEICE FARM FIC)	211 LOCATION STREET	CITY OF TO)wN	COUNTY	STATE
2	MMILE NOT WHILE							
		spital) attended the deceased fr	rom August	16 19 85	to August	20 , 19	85	that (I) (we) last
	saw the deceased alive	on August 20	19 85 on	d that in (my) (aur) apinion	death accurred on the d	ate and hour o	nd from the	couses stated
611	226. SIGNATURE	4 10	(DEGREE			220 DATE	SIGNED
	Steven	Deller M.C).	ATTENDING PHYSICIAN [MEDICAL STA		18/2	0/85
	22d. PHYSICIAN'S NAME (TY	PE OR PRINT)		22e. ADDRESS				
10	STeve	n Geller M.	. D.	Johns Hopkins	Hospital	Baltim	one 1	NO 2120
	BURIAL, CREMATION, REMOV	AL 23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	Burial	8/23/85	Eastview	Memorial Pk	Baltimon		COUNTY	STATE

DHMH - 16 60M 7/B4 (VRA 15, 4) Mm. C. March F/H 1101 E. North Ave.

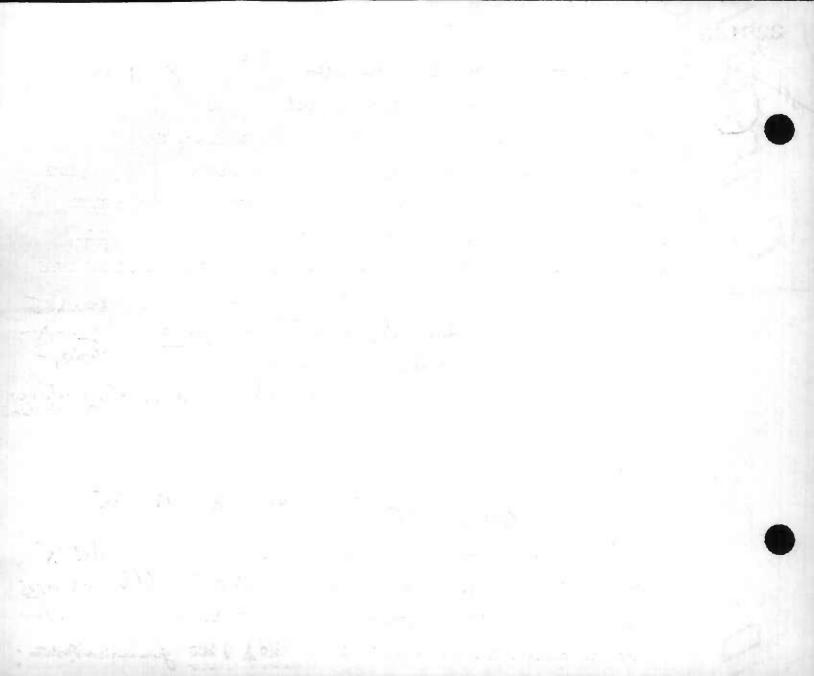
250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNAL BENEFIT AUG 23 1985

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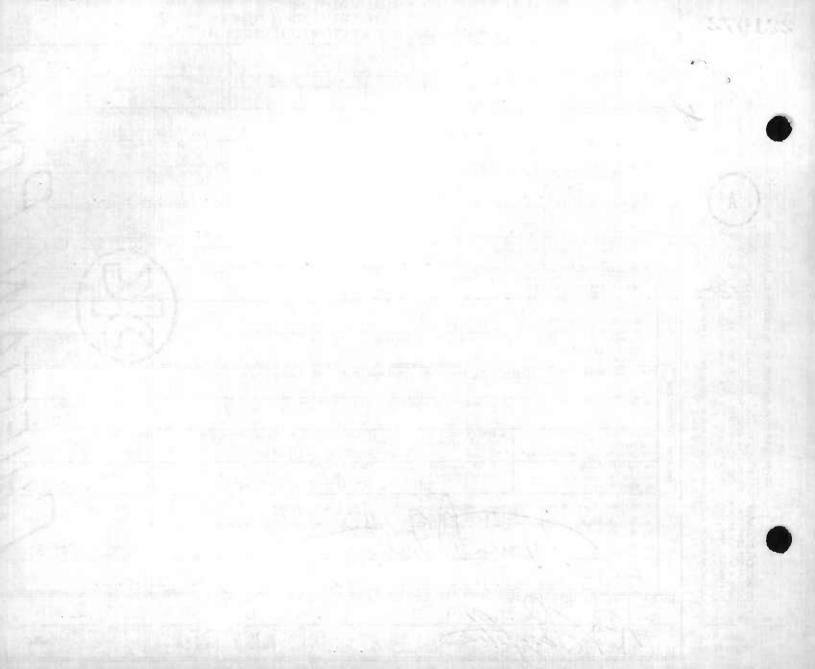
24 0008	1-	FOR STATE	DEPAI	RTMENT OF HEAL	MARYLAND TH AND MENTAL HYC	BIENES 2	2 0	9 /
21900X7		REGISTRAR			TE OF DEATH	REG. NO		
be cath		OR PRINT) authorine	MIDDLE	De sa	ntis		10 8 CI	VEAR 26. HOUR OS PM
ctor page softer dea	3. SE		White	5. DATE OF B	IRTH 13 - 27	6 AGE (IN YEARS LAST BIRT	HDAY} IF UNI	DER I YEAR IF UNDER 24 HRS
eath Fog	7a. Bi	RTHPLACE (STATE OR FOREIGN OUDTRY)	76 CITIZEN OF WHAT COUNTR	MARRIED WIDOWED	NEVER MARRIED	Baltimore City o		DEATH
offer de within within	10 C	Althore	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STE		THER INSTITUTION	120 USUAL OCCUPATION OF OF WORK FOR MOST OF HOME MAN	WORKING LIFE) IN	KIND OF BUSINESS OR DUSTRY HOME
24 hours	USU.	AL RESIDENCE (IF NURSING HOME OR TATE	NTY 13 SITY OR TO		INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	10.00 2122
CAD	0	THER NAME FIRST	MIDDLE	15	MOTHER'S MAIDEN NA		AIIWAY	*LAS9
executed and a second a second and a second		AAD DECEASED EVER IN U.S. AR			INFORMANY R-HARRY	ADDRE		elder 210
rtificate be g phy an par emav event the	The second	PART I. DEATH WAS CAUSE	ily one couse per line for (a), (b),		achyars	hythmic	a	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10 MINURS
attending nave carb otton, or r troumatic		Conditions, if any, which	DUE TO, OR AS A CONSECUTION	QUENCE OF	· Heart	Failure		5 days
that the	1	couse (0), stating the underlying couse lost	Due to, or as a consecution Sta	phyloc	coccal	Sepsis		3 days
requires the signer of the porto but y injury.	TION	metast	00110000	Carc	inoma			
The law cian.	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHI			20a AUTOPSY?	IN CERTIFYING	RE FINDINGS USED CAUSES OF DEATH? NO
g physicia gentificate riol-transit frem 18 sh		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR		RED (ENTER NATURE OF INJUR	RY IN HEM TB PART 1	OR PART 2)
affectivity of the state of the	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY		LOCATION	CITY OR TO	WN C	OUNTY STATE
TTENDIN pital or TTOR. At far use of Mealt 21 is mo		220 I certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did no	tol) attended the deceased from		7 , 19 85 not in (my) (our) opinion	death occurred on the do	. , ,	that (I) (we) last from the causes stated
the hos the hos all DIRECT IN THE HOS THE PETACHED THE DEPT. T. If Item		276 SIGNATURE S.	Semples	UND DEC	ATTENDING PHYSICIAN [MEDICAL STAF	F	BINOS
TO HOSPIT, reteined by TO FUNER, should be dwith the Sto IMPORTAN		DANA S	S. SIMPLE		ADDRESS MER		SPIT	AC
BP		URIAL, CREMATION, REMOVAL BURIAL	8-5-85 E	DAKLAWA	TERY OR CREMATORY	Balta	ioze"	MARYTAN
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FL	NERAL DIRECTOR NAME O, SEPH N. 2	ZANNINOT	2633 R St 21	CONK/19 AM	JG 5 1985	256 REGISTRANS	SIGNATURY



	1	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HOSIENES 2 2	98
5		REGISTRAR	CERTIFICATE OF DEATH REG. NO.	
•		CEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH DA	
		Edi	ward Joseph De Vincent 8 10	85 6:30pm
	3 SE	X	MONTH DAY YEAR	FUNDER YEAR IF UNDER 24 HRS
		lasculine	White 12 18 21 63 YRS	
20		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY C	OF DEATH
5		aryland	USA WIDOWED □ DNORCED [X] Baltimore City	V MD.
10	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS)	12b. KIND OF BUSINESS OR
0		altimore	South Baltimore General Hospital engraver	Bendix Con
36	13a	AL RESIDENCE (IF NURSING H	13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Baltimore YES NO D 3815 Song bird	circle 2122;
b	14. F.	ATHER'S NAME Michael	DeVincent Elizabeth	Daly
7	160	VAS DECEASED EVER IN U.S. A		21227
		ies W	WII 217-14-3717 Michael DeVincent 3738	Songhird Cl
			only one couse per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUS	ATECAUSE 10) Cancer of the colon	
		200 200	DUE TO, OR AS A CONSEQUENCE OF	
		Conditions, if any, which gave rise to immediate	(b) Bonel obstruction	
		couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	N IN PART Ita
	O N	Normocyt	tic Normochromic anemia.	
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
T	H.	210 ACCIDENT WAS UNDERLYING		RT 1 OR PART 2)
	CAL	OR CONTRIBUTING CAUSE OF DE		
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN	COUNTY STATE
	2	AT WORK AT WORK		
		22a.1 certify that (1) (this hasp	oital) attended the deceased from June 29, 19 85, to August 10, 19	9_85_, that (I) We last
		saw the deceased alive a abave, (I) we did) (did n	n August 10 19 85, and that in (my) our apinian death accurred an the date and havi countries body after death	and from the causes stated
		The SIGNATURE DO	DEGREE A TENDING MEDICAL STAFF	22c. DATE SIGNED
		Kojouf C	PHYSICIAN DIRECTOR PHYSICIAN	8/10/85
1		DIN THY SHAME (TYPE	OR PRINT) 27e ADDRESS	
1		Katael E	· Espinosa South Baltimore Gener	val Hospital
	23a	BURIAL, CREMATION, REMOVA	CITY OR TOWN	COUNTY STATE
		Burial	18-14-85 Glen Haven Cemetery Glen Rurni	SM AA O
/84		UNERAL DIRECTOR	ral Home, 237 Patanaco Avenie 13 1985	AR'S SIGNATURE
	A.	COUTT' Latter	at home, and he radapsco avanter in the Lan. A.	A. 151



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 221072 - STATE REGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) ESTI-E FUNERAL DIRECTOR.
E FOR YOUR ELES.
EL, WITHIN 72 HOURS Edith DEATH MATED 19 85 Joanna 3 Disney L Aug. 3. SEX 4 RACE S. DATE OF BIRTH A AGE UN YEARS IF UNDER 24 HRS 2d HOUR 2c DATE LAST BIRTHDAY) PRONOUNCED 1:231 White 80 Female Aug. 30, 1904 DEAD 19 85 Aug. Th CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. Baltimore City DIVORCED WIDOWED M. CITY OR TOWN OF DEATH TI. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY
Own Home FOR MOST OF WORKING LIFE)
Homemaker University Hospital Baltimore SUAL RESIDENCE (IF IN MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 21201 13g. STATE NE COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Md. A.A. Linthicum 303 W. Ridgewood Rd. NO X 21090 I FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST PIRST BALTIMORE, S. Smith Nicholas Meekins Mary A. ADDRESS 8111 White's Ford Way Tha WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (Daughter) 215.22.0176 Mrs. Charlotte Lowry Potomac, Md. 20854 N/A CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Multiple injuries WER. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 22 CATE, WRITING THE WORD. "PENDING" IN PENCIL IN IT FORWARDED TO THE CHIEF MEDICAL EXAMINER ALC DAP, PAGE 3 SHOULD BE USED AS A BURIAL - RANSIT PHE STATE DEPARTMENT OF HEALTH AND MENTAL HYGOLD PRIOR TO BURIAL, CREMATION, OR REMOVIND DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOOR :: "38xx 8 3 19 85 Passenger in auto/auto impact CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21 LOCATION AT WORK AT WORK STREET, FACTORY, FARM, ETC.) road Crain Hwy & Thelma Ave, A.A.CO,MD. EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW,
TO FUNEAL DISECTOR, PA
AFTER DEATH, WITH-THE ST,
BAFTIMORE, MARYAGNO? Autopsy X 22a. I certify that I took change of the remains described Inspection Inquiry and in my opinion death resulted from Homicide Undetermined monner TITE (SPECIFY) ACTUAL Acting Chief 8/4/85 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) **ADDRESS** 23g. 8URIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY Meadowridge Mem. Park Elkridge Md. RFD Burial 07/84 BP 25M 14 FUNERALORHECTO 25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH - 17** Singleton Funeral Home Glen Burnie, Md. 21061 (VR A15 ME (5))



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And the state of t	1985	8/3//85	X/O		13134		
May Construct the state of the			E 30 4	31607			
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12/18		CHTICED	Contract AND VALUE	Gires of	(KACTINGE)	18773	
18/18 8/18/1 2011/2 2 18/18 8/18/18 18/18/18 18/18/18/18/18/18/18/18/18/18/18/18/18/1	446	STOTAL CHEMONA	2005-200	Aventa i		NO.	
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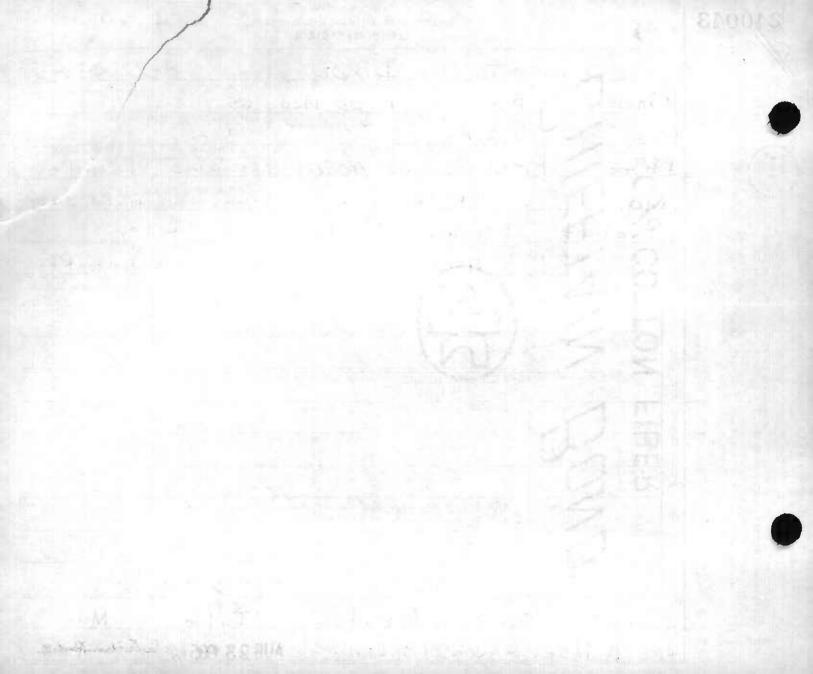
232039	1 -	8-22-85 D. FOR STATE REGISTRAR	ER 13e	PER.PH.C DEPARTI	MENT OF F	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	rGIENE 2		0 2	
4 may be or page 3 offer death		EASED NAME FIRST OR PRINT) AUBRI		NIDDLE			20. DATE OF DEATH AUGUST 6. AGE (IN YEARS LAST BIR		1985 IF UNDER 1 YEAR MONTHS DAYS	6.22M 4F UNDER 24 HRS HOURS MIN.
201 Lineral direct filed with a 72 hours) ci	THLE ITHPLACE (STATE OR FOREIGN OUNTRY) ALVENT CO TY OR TOWN OF DEATH BALTO C.	SETON	HI'LL	WIDOWI IG HOME (ADDRESS)	D NEVER MARRIED DO DIVORCED DO OTHER INSTITUTION ON NURSING	Baltimore Baltimor Ita USUAL OCCUPAT (TYPE OF WORK FOR MOST O	e Ci	T126. KIND OF	MD. F BUSINESS OR
MARYLAND 2120 ted within 21 bit ampletely filled and 2 should be fill examyer most be a	13a. S	L RESIDENCE (IF NURSING HOME OF TATE ALTIMORE THER'S NAME FIRST		GIVE RESIDENCE BEFORI 13t. CITY OR TOW		13d INSIDE CITY LIMITS? YES NO 1 15. MOTHER'S MAIDEN N FIRST	130 STREET ADDRESS	Ŕ ZINKOP	IN ST.2	
201 W. PRESTON ST., BALTIMORE, so that the death certificate be executed by the attending physician and caplease remove carban papers. Pages 1 viral, cremation, ar removal.		18 CAUSE OF DEATH (Enter of PART), DEATH WAS CAUS!	nly ane cause per ED BY TE CAUSE (a) DUE TO, OF	CONGEST	IVE ENCE OF	CARDIOMYOP ARTERY DIS	٠,	ESS	APPROXIA BETWEEN O	MATE INTERVAL MSET AND DEATH
DIVISION OF VITAL RECORDS, OR ATTENDING PHYSICIAN: The law requir e hospital or attending physician. ORECTOR: After this certificate has been signed for use as the burial-transit permit. Then ched for use as the burial-transit permit. Then be to fleath and Mental Hygiene prior to be them 21 is marked or item 18 shaw can injury	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK 22a 1 certify that (1) this hosp sow the decreased alive or obove, (1) well blid (did not 22b. TURK 22d. D SICIAN'S NAME (1986)	21b. TIME OI HOUR A./ R) 21e. PLACE C (AT HOME STR TO) offended the	FINJURY M. MONTH D. A. DEFINJURY EET, FACTORY OFFICE, F	OPERATION AY YEAR 19 ARM EIC) AUGU 85	211. LOCATION STREET 211 LOCATION STREET Attending Physician Physician	200 AUTOPSY? YES NOW CITY OR TO AUGUS A DIRECTOR PHYSIC	20b IF YE IN CERTIN Y IN ITEM 18	S, WERE FINDIN IPYING CAUSES (ES PART OR PART 2) COUNTY 19 85	GS USED OF DEATH? NO STATE
TO HOSPITAL TO HOSPITAL TO FUNERAL Should be deto with the Store of th	7	JAMES E. URIAL, CREMATION, REMOVAL SECIEVA DI DI NERAL DIRECTOR NAME	HANNIG		NAME OF C	CHURCH HO	Cov 3800/	TION	YBALTI 2123	d men

200 C 400 C 200 C 100 C 100 C

YJONS

(VRA 15, 4)

STATE OF MARYLAND



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0095	1-	FOR STATE					AND MENTAL H	and the time	1 0 4	
,	1 06	REGISTRAR CEASED NAME	FIRST	MED	MIDDLE	MEK.2 C	ERTIFICATE	REG	. NO.	
		PE OR PRINT)				D 744	CASI	20. DATE KNOWN OF ESTI-		YEAR 26 HOU
	3 SE	y	JAME 4. RACE	IS DATE OF BIRTH	M.	DIX YEARS IF UN		DEATH MATED	XX 8-9-85 19	
3 3		0.00		MONTH DAY	YEAR LAST BIRTH	DAY) MONTH	DAYS HOURS	MIN PRONOUNCED	o do on	20 11001
all o	-	Male	White	1-7-192		YRS.		DEAD	8-13-859	
1	F	DREIGH COUNTRY)			AI COOMINT!		ED NEVER MARR	IED 🔲		4117
1		Md . ITY OR TOWN (OF DEATH	U.S.A.	ITAL, NURSING HOA	WIDOW AE, OR OTHI		120 USUAL OCCUPATION	ore City	OF BUSINESS
	P	altimor	0	(IF NOT IN SUCH FAC	ch Drive			FOR MOST OF WORKING LIFE) Installer		NDUSTRY
U	SU	AL RESIDENCE	IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMIS				25.0 40 00 1	
13		Md.	13b. COU	NTY	Balto.		13d INSIDE CITY LIMITS?		Drive 21214	
f	_	ATHER'S NAME					15. MOTHER'S MAIDE	EN NAME	2110 2121	
		Unknow	n	Dix	on		Lucille	MIDDLE	Mobley	1
	16a	WAS DECEASED	EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECUR	ITY NO.	17 INFORMANT	ADDR	EsReistersto	own, Md.
		Yes	Kor	'ea	157-18-16	693	Michael S	. Dixon,12327	Bonfire Dr	r.21136
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					S A CONSEQUENCE	OF				
		gave ris	s, if any, which to immediate	e (b)						
		lying cous	stating the <u>under</u> e last.	DUE TO, OR A	S A CONSEQUENCE	OF			1/10	
				(c)						
	z	PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TER	RMINAL DISEASE	OR CONDITION GIVEN IN PA	RT 1 (a)		
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	IFIC	1.5								
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	3.	SEX	4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS		
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thu thu		CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME		12a USUAL OCCUPATION	176 KIND OF BUSINESS OR		
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OR OR		sow the deceased alive or	1010		nd that in (my) (our) apinion	death occurred on the date and	hour and from the trauses stated		
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	- 10	BURIAL, CREMATION, REMOVAL (SPECIFY)			EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY		
BP		BURIAL	8-24-85	KING M	EM. PARK	BALTIMORE	MARYLAND		
DHMH - 16 60M 7/84	24	FUNERAL DIRECTOR	ADDRES	55	250 DA1	TE REC'D. BY REGISTRAR 756. REC	SISTRAR'S SIGNATURE		
(VRA 15, 4)		E.L. PHILLIPS	5]72] N. MONR	OE ST.	1/01/	626 1985 Pura	is in about fair the		

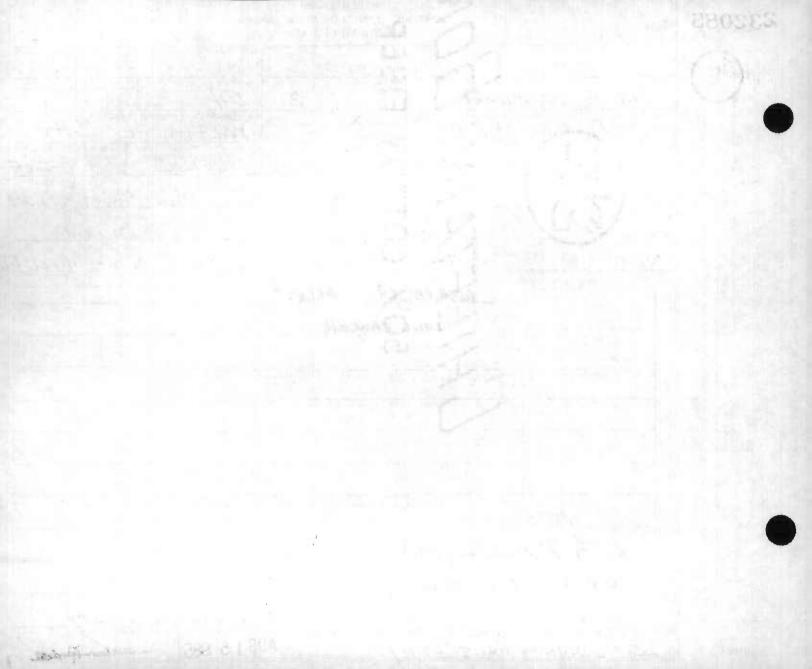
STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15. 4)

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				STATE OF MARTLAND	2 12 0 0	101
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1 11 1	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OPWORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR INDUSTRY
1 Z	1	BALTIMORE		Maryland 21218	CLERK	Post OFFICE
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1 11 1		ATHERS NAME	() 7 / 7 / 7 / 7	15 MOPHER'S MAIDEN N	AME	CHVCG, ZIZZ
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beer mit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY2 20b. IF Y	ES, WERE FINDINGS USED
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Che che		22b. SIGNATURE	1 11	DEGREE ATTENDING	MEDICAL STAFF	220 DATE SIGNED
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HOSPITAL HOSPITAL FUNERAL Vold be der h the Store		226 PHYSICIAN'S NAME (TYPE O	R PRINT)	22e ADDRESS		
	17	DF MOI	STON, MD	VAMC, Balti	imore, Maryland	21218
0 g 0 g w w w	23a	BURIAL, CREMATION, REMOVAL	236 DATE 23c N	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP		(SPECIFY BURIAL)	8-16-85 C	ITTISON FOREST	+ Baltimore	County STATE
	24 F	UNIF PAL DIRECTION 12 9	Sans Fun	eral Houe 250 DA		
DHMH - 16 60M 7/B4 (VRA 15, 4)		250/ GWIN	KS FALLS TOU		1110 . =	a Beindson Panders
(****, ***, **)		LOU GWYN	- IMIN PR	7.	10 0001	Notice



DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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, 25	2		CEASED NAME FIRST SAME	MIDDLE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DDS	20 DATE OF DEATH	MONTH DAY	70	26 HOUR
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4	3 8	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	WAS PERFORMED	200 AUTOPSY?		VERE FINDING NG CAUSES O	
ICIAN: The g physicion errificote h iol-fronsit p	00/1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			To HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2}	
G PHYS attending for this c	rked or fi	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OF		II LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
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Of Of Of Short	IWb		URIAL, CREMATION, REMOVAL	, , , , , , , , , , , , , , , , , , , ,	23c NAME OF CEM	NETERY OR CREMATORY			OUNTY	STATE
BP	-		Burial A	8-28-85	Lower B	PANDYWINE 250 DA	CENTERVII ATERECO. BY REGISTRAR	1/E NEW	CAST LE	DE/
DHMH - 16 60/	M 7/84	61	/ Banks	I ADDE	255		110 0 0	9		

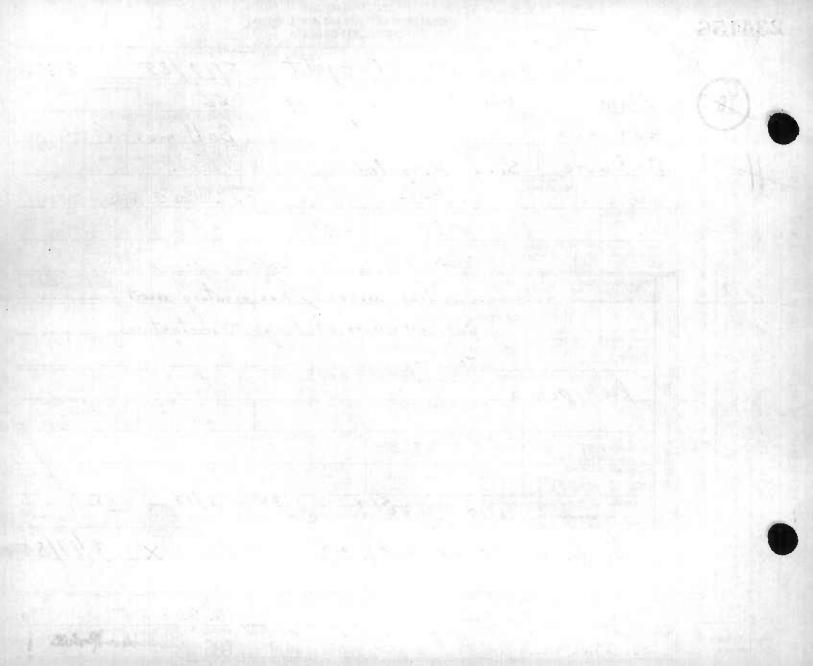
4 1 4 1 3 1 3 Francisco Co. The state of the s The state of the s

DEPARTMENT OF HEALTH AND MENTAL HYG)ENE FOR 241093 - STATE REGISTRAR REG. NO I. DECEASED NAME TO DATE KNOWN XX MONTH 26 HOUR (TYPE OR PRINT) DEATH MATED 1985 W. 8-20 James Dogan (AST BIRTHDAY) 4 RACE IF UNDER 1 YR. 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS DATE 2d HOUR 2:26 p. M PRONOUNCED Male 37 Black 19 85 DEAD . BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X USA Baltimore City, DIVORCED ETY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION STYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Union Memorial Hospital Baltimore SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 706 Springfield Ave. 13b. COUNTY 13d. INSIDE CITY LIMITS? Baltimore 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Miller Estelle Easter Dogan 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS (YES NO, OR UNKNOWN) 218-42-1256 Estelle Jacobs 706 Springfield Ave. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST Blunt TRauma to Head IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 USED AS A EOF HEALTH E, WRITING THE WORD "PENI MWARDED TO THE CHIFF ME PAGE 3 SHOULD BE USED A! 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? Head Only 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XXXMONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 7:15P.M. 8-19 1985 subject fell down steps 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC 1 WHILE AT WORK 604 E. 43rd St., Balto., Md. street 12a. I certify that I took charge of the remains described above, held only Autopsy XX Inspection and in my apinian Accident XX TITLE (SPECIFY) Assistant MEDICAL EXAMINER 8-21-85 EXAMINER'S NAME 21201 111 Penn St., Balto., Md. Dennis F. Smyth, M.D. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE (SPEC Burial 8/24/85 Baltimore Eastview Mem. Pk. MD 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Wm. C. March F/H 1101 E. North Ave. Randall (VR A15 ME (5))

STATE OF MARYLAND



		FOR				E OF MARYLAND		2	2 1 1	
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170		RIHPLACE (STATE OR FO		J.S.A.	MARRIE	D NEVER MARE	RIED '	Baltimore CITY		
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11 72	1	Baltimor	e Si	IN SUCH FACILITY, GI	OS DITE	1	WA	REHOUSEMA	F WORKING LIFE) INDU	SSA
1 32 30	USU 13a	AL RESIDENCE (# NURSIN	G HOME OF OTHER INSTIT	UTION GIVE RESIDEN	E BEFOR ADMISSION)	1 13d INSIDE CITY L	IMITS? 13e	STREET ADDRESS	ZIP CODE	
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1 10		THER'S NAME	MIDDLE	DOGG	AST T	15. MOTHER'S MA		MIDDLE		TRITE
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pado of		O NO OR UNKNOWN)	(IF YES, GIVE WAR OR DA	TES)	18-1091	EFFIE S	DOGGE	TT. 4037	CEDARDALE	ROAD
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orio		PART 2. QTHER SIGN	IFICANT CONDITION	c) TO	NG TO DEATH BUT	NOT RELATED TO	THE TERMINA	L DISEASE OR CON	DITION GIVEN IN PA	RT IIo
equire equire injury,	NO NO	Leuko	penia							
low of low of sony sony sony sony	CA	190. DATE OF OPERAY	ON 196 C	ONDITION FOR	WHICH OPERATIO	N WAS PERFORME	D	20a AUTOPSY?	206. IF YES, WERE F	
The locicion.	CERTIFICATION	71a. ACCIDENT WAS UNDE	215 1	IME OF INJURY		Tale MOVALINI HID		YES NO	YES T	NO 🗌
PHYSICIAN; ending physicians this certificate buriol-transford Mental Hybrid of them 18		OR CONTRIBUTING C	AUSE OF DEATH HOL	IR A.M. MON		ZIC NOW INJURI	OCCURRED	(ENTER NATURE OF INJUI	RY IN ITEM IS PART TOWPA	RT 2)
ING PHYSICIAN: The low require of the ording physician. After this certificate has been signs the buriol-transit permit. Then the ord Membel Hygiene prior to be orked or Item 18 shows any injury orked or Item 18 shows any injury	MEDICAL	(IF EITHER NOTIFY MEDICA	ED 21e Pi	P.M. ACE OF INJURY	19	211 LOCATION				
O Present	M	WHILE NOT WHILE	3.1	ME. STREET, FACTORY,	OFFICE, FARM, ETC)	STREET		CITY OR TO	WN COUN	STATE
LOIN Lord Leoith		22a.1 certify that (I) (led, the deceosed	from 8/	14	9 85	to 8/17	19 8-	that (I) (we) lost
R ATTER hospito red for rem 21 is	13		delive on	body after death	19_85_0		opinion deot	h occurred on the de	ote and hour and from	m the couses stated
She by She	14	22b. SIGNATURE	1	10	1 - 1	DEGREE ATTEN	NDING _ N	NEDICAL STAI	10000	DATE SIGNED
ERAL ERAL State	-	22d, PHYSICIAN'S NA	ME ITYPE OR PRINTS	Horsad	a-lest	220 ADDRESS	SICIAN D	IRECTOR PHYSIC		111/83
P P P P P P P P P P P P P P P P P P P					0					
should with the Popular Should	23a	BURIAL, CREMATION, R	REMOVAL 236. DA	TE	23c NAME OF C	EMETERY OR CREM	MATORY	23d LOCATION		
BP		BURIAL	8-22	2-1985	LORRAI		PARK	BACTIMO	RE COUNTY	STATE
DHMH - 16 50M 4/83	24 F	HURALIMIRCTOR &		IERAL HO	ME, INC.		25a DATE RE	4 1	256 REGISTRAR'S SK	ENATURE
(VRA 15, 4)		2501 GWYNNS	S FALLS PA	ARKWAY ~			AUG 2	0 1985 39	MIL SERVICE STATES	Martiners.



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	2	1	1

1.	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	٧٥.		}	
	CEASED NAME FIRS	it	WIDDLE	l.	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
	MAYNA	(NMI)	DON	9405	SON	8	26	85	230 A	
3 SE	× / Male	4 RACE	White		DE BIRTH DAY YEAR O i	6 AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. S		
	RTHPLACE (STATE OR FOREIGN West Virginia	145	WHAT COUNTRY?	MARRIE WIDOWE	DE NEVER MARRIED	9 BALTIMORE CITY		of DEATH	tv MI	
BALTIMORE		UNIU	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY GIVE STREET)		OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Coal Mir	K FOR MOST OF WORKING LIFE) INDUSTRY			
130.	Maryland H	one or other institution county larford	130 CITY OR TOWN	٧	13d INSIDE CITY LIMITS? YES NOXX	13e.STREET ADDRESS 1414 Rocky			84	
26	EORGE	WIDDLE DO	いいんらうら	N	Dolly	MIDDLE	u se	Sip	2	
169.\	MAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF Y Yes	S. ARMED FORCES? ES, GIVE WAR OR DATES) WWII	236-12-	-	Sue Donalds	on (same as				
	18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and ic). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CARDIO PULMOWARY MARCINT						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF									
NOI	PART 2 OTHER SIGNIFICA	ANT CONDITIONS CO	DATRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	NDITION GIV	EN IN PART 1:0		
CERTIFICATION	190 DATE OF OPERATION	TION FOR WHICH (DN FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO				
	10 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY (IF EITHER NOTIFY MEDICAL EXAMINER) P.M.				21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 P	PART I OR PART 2)		
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY EET, FACTORY OFFICE, FA	RM ETC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE	
	22a I certify that (I) (this saw the deceased alm above, (I) (we) (did) (d	ve on 8/26	19 0	57,00	nd that in (my) (aur) apinion o	death accurred on the c	date and how		that (I) (we) last causes stated	
	Word L	8. Bolye	ins 3		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN X	SIZE DATE	6/85	
	EDWAYD B	1 BOLG	200		UMU OF	MARYMA	O H	DSPITA	92	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial 236 DATE

Walter Brooks Bradley Inc. Balto., Md. 21222

24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION
Garrison

Balto., Md.

8/28/1985 Garrison Vet, Cem.

AUG 2 8 1985

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAUHYGIENE 241042 - STATE REGISTRAR REG. NO . DECEASED NAME A DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED HOWARD SEX 4 RACE 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 78 YRS January 6,1907 Male White 8-24-85 DEAD 4:09R Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Baltimore City DIVORCED IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS Upmanor Road Baltimore Salesman -Storm Windows SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 103 Upmanor Road 21229 Maryland YES X NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME н. Peter Donatt Hermine Hess 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 14h SOCIAL SECURITY NO 7 INFORMANT 5981 EARPForest Ct. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-09-8603 Mary Matusak Elkridge, Md. 21227 WW 2 ves APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE O Canditians, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 71d INJURY OCCURRED 21e PLACE OF INJURY LATHOME 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Inspection Natural causes X Suicide Homicide ____ Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER Margarita A. Korell, M.D. EXAMINER'S NAME 111 Penn Street, Baltimore, Md. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Oaklawn Cemetery Burial 8/27/85 Baltimore 07/84 Md. 25M Letteral Mrector Russell C. Witzke Funekal Homes P.A. 250 DATE REC'D. BY REGISTRAR'S SIGNATURE **DHMH - 17** me waydoon-Handall 1630 Edmondson Avenue, Catonsville, Md. 21228 (VR A15 ME (5))

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF CERTIFICATE OF DEATH

	REGISTRAR				REG. N	0.
	SED NAME FIR	51	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
	ARGE	LA E	. DORB.	ERT	August	29 1985 11:30 P
Si	4 RACE			OF BIRTH	6 AGE TIN YEARS LAST BIR	RINDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	THE DESCRIPTION OF THE PARTY OF		TO Y	00 7073	67	MONTHS DAYS HOURS MIN.
Temale White 75 CITIZEN OF WHAT COUNTRY? 8			1. 29 1910	-	YRS. PROUNTY OF DEATH	
8	editions.	76, C1112E14 O1	MARR			
-	Maryland	U U	SA WIDOV		Baltimo	
		HOSPITAL, NUKSING HOME THE FACILITY, GIVE STREET ADDRESS)	AL, NURSING HOME OR OTHER INSTITUTION TY, GIVE STREET ADDRESS)		ION 12b. KIND OF BUSINESS O INDUSTRY	
	Baltimore	Fran	cis Scott 1	ladical Cen.	Housewi	fe
Į,		ME OR OTHER INSTITUTION OUNTY	GIVE RESIDENCE BEFORE ADMISSION	1 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE
	Md.	al to.	Eastwoint	YES NO	8036 Gou	
F	ATHER'S NAME	5-14-1	- 11-2-11-1-11-1	15 MOTHER'S MAIDEN NA		
	Tolore	Calle	IAST	Carmela	WIDDIE	Callela
	WAS DECEASED EVER IN U		166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRI	
(YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)					- L 0076 A	21- 21- 21- 21
_	no		510150851	16126821 Fred Dorbe:		ough St. 21224 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART 2 OTHER SIGNIFIC	(c)	ONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN PART 110
	190 DATE OF OPERATION 196 CONDITION FOR WHICH			ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
	Proc				YES NO	YES NO
	210 ACCIDENT WAS UNDERLY	110110 4	FINJURY M. MONTH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART OR PART 2)
	(IF EITHER NOTIFY MEDICAL EX	OF DEATH				
	21d INJURY OCCURRED	21e PLACE	OF INJURY	211 LOCATION	CITY OR TO	OWN COUNTY STATE
	AT WORK AT WORK		THE PARTY OF THE PARTY ETC.)			
	22a I certify that (I) (this	haspital) attended th		11/ 1985	6	86 , 19 83 , that (I) (we) lo
	saw the deceased al		28/1985	and that in (my) (aux) apinion o	death accurred on the d	ate and hour and from the causes stated
	22b SIGNATURE	did nat) view the body	differ death.	DEGREE		22c. DATE SIGNED
		Øn	now 1	1. ATTENDING	MEDICAL STA	FF 8/30/80
	22d PHYSICIAN'S NAME	(TYPE OR PRINT)		122- ADDRESS	DIRECTOR PHYSIC	
					0 . 01	
		Mynall M	(T)	11) AS North	Print-Blo	101# 332 Ball MD
	V-S	RIVAN M				1d# 332, Ball M)
1.		OVAL 23b. DATE	23c NAME OF	CEMETERY OR CREMATORY AWIT Cemeter	23d LOCATION	Bal to Md STATE

DHMH - 16 60M 7/84

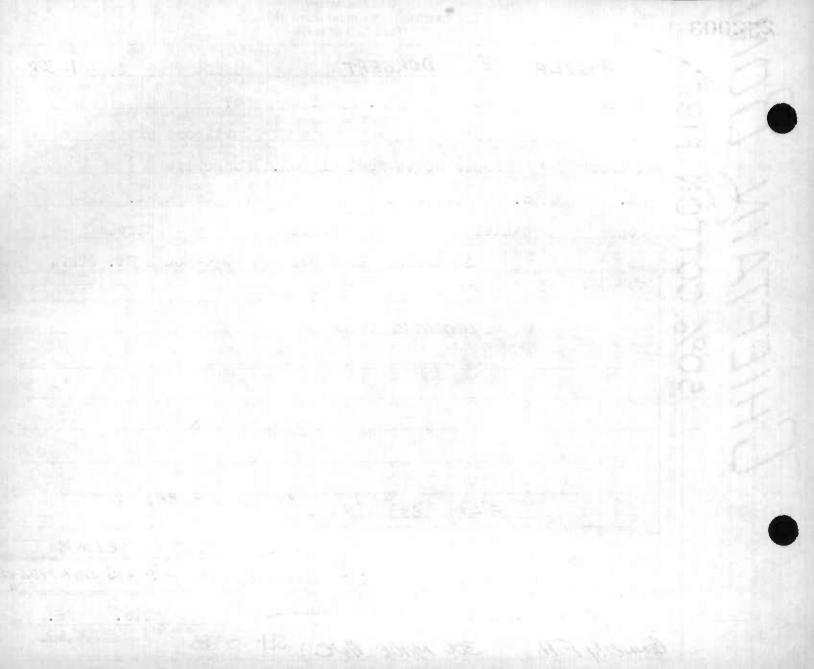
BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician mid should be detached for use as the burial-transit permit. Then please remove carbanpapers. Page with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked at them 18 strows any injury, or other traumatic event, th

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician.

24 FUNERAL DIRECTOR
NAME
CONNELLS (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



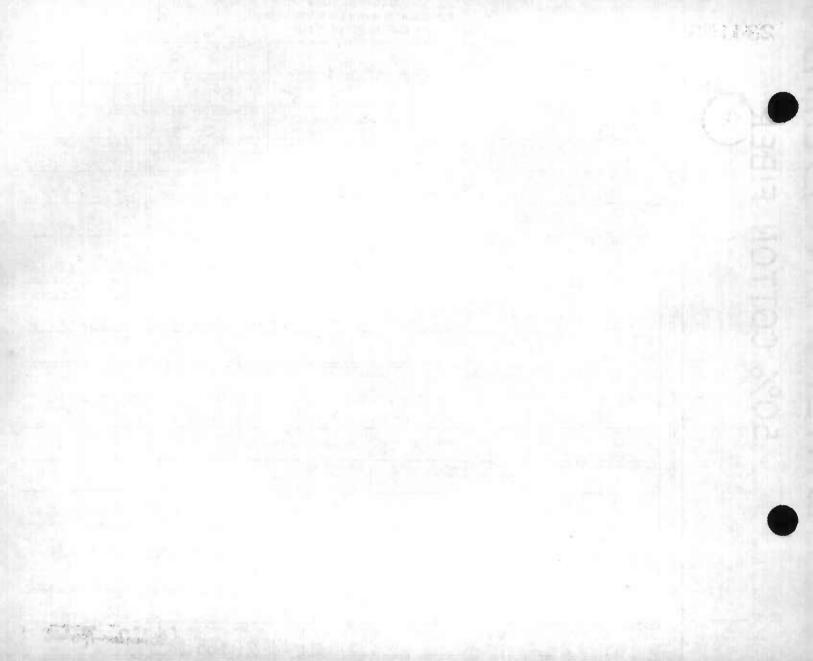
FOR STATE					U	V 60 60	6	
REGISTRAR		MED			IFICATE OF	REC		
(TYPE OR PRINT)	V.C	10.		4		20 DATE KNOWI	X WONTH DAY Y	Zb. HOUR
							8-24-85	M
MALE		MONTH DAY	62 23	YEARS IF UNDER I		HRS. 20 DATE PRONOUNCED DEAD	8-24-85	11:10 1 1:10
MARYLAT	VD /			MARRIED [Daltim	- Construer	MD.
Baltimo	re	Universit	y Hospita	TSTU	STITUTION			F BUSINESS LRUTION
		IMORE		13d. IN			BIDDLE ST.	21237
	AE .	WIDDLE	LAST	15. M	OTHER'S MAIDEN	NAME	LAST	
A.C.	E	J.	DORN		MARY	D.	CROI	JSE
YES, NOUNK	ED EVER IN U.S. ARME NOWN) (IF YES, GIVE WA							
18 CAUSE PARTIC	EATH WAS CAUSED	BY:		le injuri	es		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
8/0		DUE TO, OR A	S A CONSEQUENC	E OF				
gave	rise ta immediate	(b)						
		DUE TO, OR A	S A CONSEQUENC	E OF				
		(c)						
	SIGNIFICANT CONDITIONS CO	NTRIBUTING ID DEATH BU	T NOT RELATED TO THE TE	RMINAL DISEASE DR CD	NDITION GIVEN IN PART	Tia		
P 190 DATE (OF OPERATION	TION CONDITION	ON FOR WHICH OR	EDATIONI MAAC DE	DEODMED 2		In Auro	Pove
5	N OF ENAFIOR	17E. CONDIN	SIVEOR WINCH OF	ERATION WAS FE	KTOKMED!			
210. EXTERN	AL CAUSE WAS			21c HOW IN	JURY OCCURRED	LENTER NATURE OF INJURY IN ITE		
UNDERLYIN	G X OR		MONTH DAY YE	AR passen	ger of a	vehicle tra	veling at a	high rate
21d INJURY		TIE PLACE OF		PI LOSARO	ed, turne		-	and land
WHILE AT WORK	NOT WHILE	street, facto	RY, FARM, ETC.)	ed on	top of v			Co Md
220 Lce	ette I All The	of the remains descr	ibed abave held on	Autonsy	Inspection			.00.3114.
death resu			V			Undetermined manner		
	NI.	- 1	1/ 10	TII	TLE (SPECIFY)		ALTERNATION AND A	
ACTUAL		re line	Mill	M.D. A	ssistant	_MEDICAL EXAMINER	DATE SIGNED -25-	85
EXAMINER'	S NAME Mar	garita A.	Korell,	1.D. ADDRI	ESS_ 111 Pe	enn Street		
230. BURIAL, CREM	ATION, REMOVAL 236	DATE	23c. NAME OF C	EMETERY OR CRE	MATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
ROKTAL	. 8	/27/85	PARKW	TOOD	110. 0.450	BALTO.	ВАІТО.	MD.
74 FUNERAL DIR	Coarl	121 ADDRESS	he your	Aug.	AÚ6 2	7 1985 0	REGISTRAR'S SIGNATURE	6 4
	THE PROPERTY OF THE PROPERTY O	TOUR CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTING CAUSE OF DEATH Canditions, if ony, which gave rise to immediate cause (o) stating the underlying couse lost. PART 2 DIHER SIGNIFICANT (DNDITIONS CONTRIBUTING CAUSE OF DEATH ON WHILE AT WORK	REGISTRAR I. DECEASED NAME (TYPE OR PRINT) MICHAEL 3. SEX 4. RACE CAUCAS OI 70. BIRTHPLACE (STATE OR MARYLAND MARYLAND	TOUR CEASED NAME TYPE OF PRINT! DEPARTMENT O MEDICAL EXAMI DECEASED NAME TYPE OF PRINT! MICHAEL D.	DEPARTMENT OF HEALTH AN MEDICAL EXAMINER'S CERT T. DECEASED NAME (TYPE OF PRINT) MICHAEL D. DORN J. SEX MALIE CAUCAS J. DATE OF BIRTH D. DORN MARYLAND WIDOWED TO BIRTHPLACE (STATE OR MARKED EXAMINER'S TOPE) MARYLAND MARYLAND MARYLAND MARKED UNIVERSITY HOSPITAL NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESS ON THE WIDOWED TO SUAL RESIDENCE IF INNURSING HOME OR OTHER MITTITON, GIVE RESIDENCE BEFORE ADDRESS ON THE WIDOWED TO SUAL RESIDENCE IF INNURSING HOME OR OTHER MITTITON, GIVE RESIDENCE SEPONE ADMISSION) MARYLAND MARYLAND MARKED UNIVERSITY HOSPITAL NURSING HOME OR OTHER IN UNIVERSITY HOSPITAL STU UNIVERSITY HOSPITAL NURSING HOME OR OTHER MITTITON, GIVE RESIDENCE SEPONE ADMISSION) MARYLAND MARKED MARKED	DECASED NAME PROJECT PROJECT	DEPARTMENT OF HEALTH AND MENT AL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH MICHAEL D. DORN MICHAEL D. JORN MACE MALE CAUCAS DATE CAUCAS MALE CAUCAS DATE CAUCAS DONN MARRIED DIVORCED BALTIMORE DATE CAUCAS DATE CAUCAS DONN JUSTIAL RESIDENCE IN INCLUSIONS DATE CAUCAS DATE CAUCAS DATE CAUCAS TO AL BALTIMORE DIVORCED BALTIMORE DIVORCED BALTIMORE DIVORCED BALTIMORE DIVORCED BALTIMORE DATE CAUCAS DATE CAUCAS DONN JUSTIAL RESIDENCE IN INCLUSIONS TO AL TABLE TO AL TABLE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGINO DEPARTMENT OF HEALTH AND MENTAL HYGIENE 10 DERON MICHAEL D. DURN MARYLAND MICHAEL D. DURN MARYLAND MICHAEL D. MORE HART STUDIES 1 VR. SULDING 2 MMS. 31. CARE MARRIED NOVER MARRIED DONORED SALTIMORE CITY OR COUNTY OF DEAT MARYLAND MICHAEL MICHAEL MICHAEL MICHAEL D. MORE HART STUDIES 1 VR. SULDING 2 MMS. 31. CARE MARYLAND MA

- 11-

Friedrich Friedrich

234155	1	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYS CERTIFICATE OF DEATH		1 1 3
. m = /	1 DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR
4 moy b	3. SE	*Male	Randolpi Rack	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
S (15)	3	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNT	Y OF DEATH
rs offer de		Ba Ho	University of	OF HOME OR OTHER INSTITUTION FORESS FORESS FORESS	TRACK FOREMAN	1/26 KIND OF BUSINESS C
ly filled in should be should be		MD -	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	YES NO	130 STREET ADDRESS / ZIP COD 18 N Kosseth	St 2/22
ond 2		ROD WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECT		MIDDLE	Holsey
e be execution and construction of constructions of constructions of constructions of the medico		YES, NO OR UNKNOWN) (IF YES, GI	(E WAR OR DATES) 220-01-	3495 DOROTHY DROS		
ng physic bon popi r removo		PART 1. DEATH WAS CAUSE	nly one couse per line for (a), (b), or D BY: TE CAUSE (o) COUNTY	11. +		approximate interval BETWEEN ONSET AND DEATH
that the death d by the ottend lease remove co iol, cremation, o or other traumat		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU (b) DUE TO, OR AS A CONSEQU (c)	H Kespratory Dis	tress Syndrome	3 weeks
law requires so been signe ermit. Then p e prior to bur so any injury.	CERTIFICATION	PART 2 OTHER SIGNIFICANT I		DEATH BUT NOT RELATED TO THE TERM	206 AUTOPSY? 206. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
ICIAN: The g physicion entificate ho ial-transit pintal Hygieniem 18 show		210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH D	AY YEAR	YES NO Y	PART I OR PART 2}
offending offer this cost he burth and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE,	211 LOCATION	CITY OR TOWN	COUNTY STATE
Spital or SCTOR: A d for use of t, of Health		sow the deceased alive on above, (li (we) (did) (did no	tal) attended the deceased from		death occurred on the date and ho	
HOSPITAL OR A med by the house by the house by the house by the house beforehed the Store Dept.		226 SIGNATURE	Hosen DR PRINT)	DEGREE ATTENDING PHYSICIAN [220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	S/15/B5
TO HOSPITAL (retoined by the TO FUNERAL (should be deto with the Store (MAPORTAN). If	730	SI. D	senmp	NAME OF CEMETERY OR CREMATORY	23d LOCATION	,
BP	230	(SPECIFY) BURIAL	8-19-1985 M		CITY OR TOWN	COUNTY
DHMH - 16 60M 7/B4			UNERAL HOME, ADIANC	25a. DA	TE REC'D. BY REGISTRA	The Parket

STATE OF MAKTLAND



23c. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Pk.

DHMH - 16 50M 4/83 (VRA 15, 4)

Charles A. Rice FSPA 1300 Euraw Pl.

23b. DATE

8/30/85

23e. BURIAL, CREMATION, REMOVAL

I SPECIFY)

Burial 24. FUNERAL DIRECTOR

ITY OR TOWN

Arbutus

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

page 3

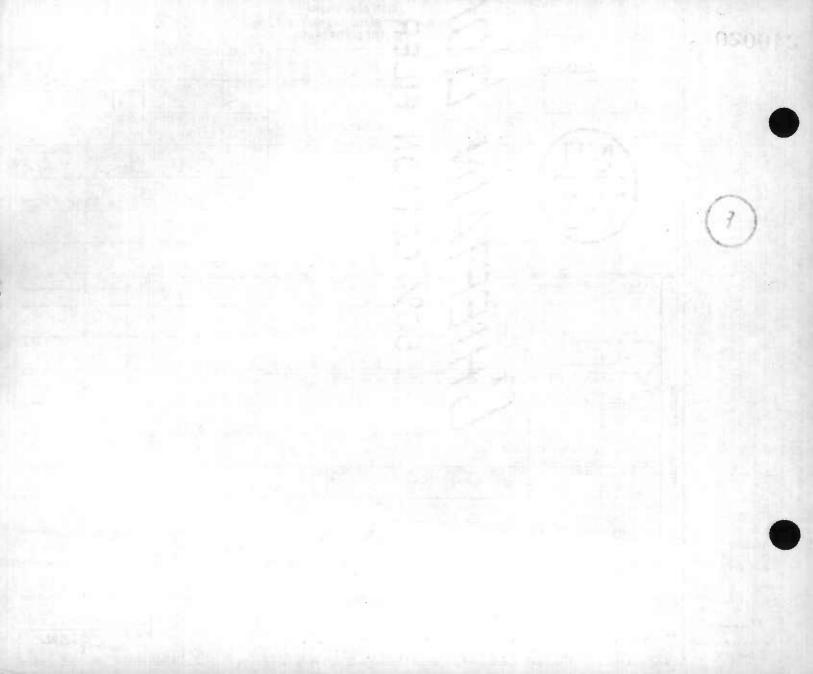
FOR

STA	TE	OF	M	AR	YL	ANI

DEPARTMENT OF HEALTH AND MENTAL HYDIENE

	1 -	REGISTRAR ANTHONY	E. DOYLE		CERTIF	ICATE OF DEATH	REG, NO.		
		CEASED NAME FIRST		MIDDLE	l	AST		1 22 YEAR 85	
ı	,,,,,	Anthon	У	Ε.	Do	DYLE	8/2	2/85	6 30 M
ı	3 SEX	(4 RACE		5. DATE C			UNDER I YEAR	IF UNDER 74 HRS
3		Male	White	2		mber 3, 1908	76 YRS.		
d	To BIF	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE	KNEVER MARRIED	9 BALTIMORE CITY OR COUNTY		
4		Maryland	U.S		WIDOWE		Baltimore City		MD.
d	10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN THEACILITY, GIVE STREET SNES HOSP	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	INDHISTRY	F BUSINESS OR Baltimore
	of the same	Baltimore					Retired Police L	eut.	City
	13a. S	AL RESIDENCE (IF NURSING TOME O	NTY	13c. CITY OR TOW		134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE		
4			timore	Catonsv	ille	YES NO X	711 Maiden Cho	ice La	ne 21228
3	A	THER'S NAME OWEN	MIDDLE	Doyle		15 MOTHER'S MAIDEN NAM	WIDDLE	LAST	
Ç			WED CONCECO			Anasta	ADDRESS	Mal	oney
2	160 W	VAS DECEASED EVER IN U.S. AI	VE WAR OR DATES)	213-03-8		17 INFORMANT			
						Mary T. Doyl	e same as # 13		
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per ED BY:	line for (a), (b), and	م ادر.			BETWEEN O	MATE INTERVAL
1		IMMEDIA	TE CAUSE (0) 1	Brain Anor	na			0	1
			DUE TO, O	RAS A CONSEQUE		- 1 0	4	5	. 1
		Conditions, if any, which gave rise to immediate	(b)_(andia	cer fil	12try Ames	1		
	H	couse (a), stating the underlying couse last	17 deys.						
4		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN							
	TION	Electrolyte In			Mell.				onidel CY81
2	CERTIFICATION	19a DATE OF OPERATION	196 COND	ÍTION FOR WHICH	OPERATIO	N WASPERFORMED		WERE FINDIN	
1	ER	210 ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR		
		OR CONTRIBUTING CAUSE OF DE	W1111	M. MONTH DA	YEAR				
	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		21f LOCATION			
	W	WHILE NOT WHILE AT WORK	(AT HOME STI	REET, FACTORY, OFFICE F	ARM ETC)	STREET	CITY OR TOWN	COUNTY	STATE
		220.1 certify that (1) (this hosp	ital) attended/th	e deceased from_	7	122 19 8)	, to 8/27, 19	RJ.	that (V (we) last
		saw the deceased alive or above, (A) (we) I did) (dig no	st view the body	otter depth	PJ . or	nd that in (my) (our) opinion o	death occurred on the date and hour o		
		226 SIGNATURE	A A	Oner death:		DEGREE		22c. DATE S	SIGNED
		aller				. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	18/2	2/85
		226. PHYSICIÁN'S NAME (TYPE	OR PRINT)			22e ADDRESS			
		A. GORDON				St Agner Hosp	900 CATON AUC	Balt	. md.
	23a B	URIAL, CREMATION, REMOVAL	23b. DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COLUMN	(1,15
		Burial	8/26		restla	wn Cemetery	Marriottsville		aryland
	² L ^F U	TO YME PRECTOR Russe	11 C. Wi	tzke Fune	eral H	lomes P.A. 250 DATE	E REC'D. BY REGISTRAR 256. REGISTRA	AR'S SIGNAL	and be
	16	30 Edmondson A	venue, C	atonsvill	le, Ma	1. 21228 AU	16 2 3 1935 7	OLEON -N	

DHMH - 16 60M 7/84 (VRA 15, 4)



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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

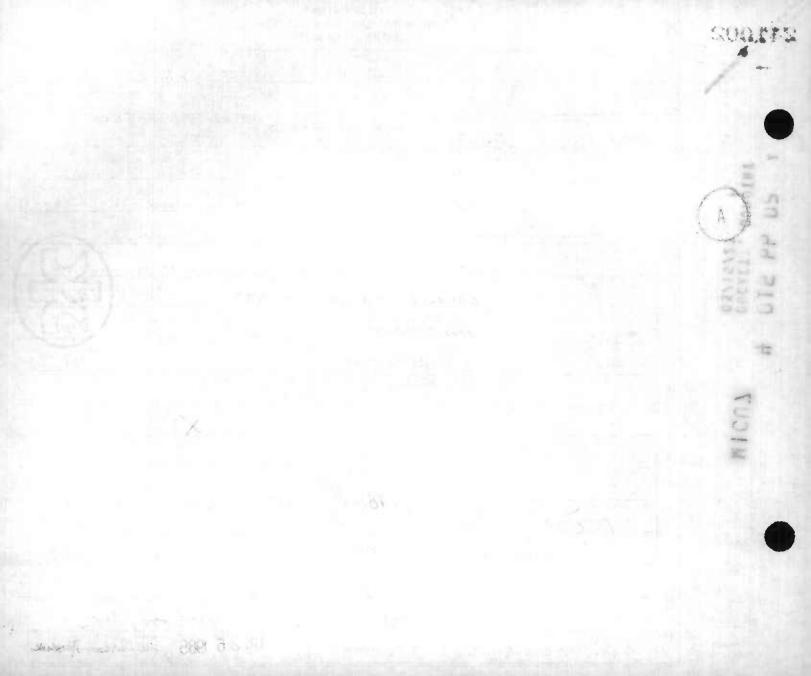
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1		REGISTRAR			CEKIT	ICATE OF L	PEATH		REG. N	0			8	
1		CEASED NAME FIRST	M	IDDLE	1	AST		20. DATE OF D			DAY	YEAR	2h HOUR	
	(TYPE	DOROTH:	Y		DU	CKETT	5 14 12	AUGUST	24.	1985			1.42	PM
1	3 SEX	(4 RACE		5 DATE C	OF BIRTH		6 AGE IN YEA				ER 1 YEAR	IF UNDER 24	HRS
	/	Fe.	Blac	k	~3vi	15 ^{DAY}	27 YEAR	58		YRS	MONTHS	DAYS	HOURS A	MIN.
		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8	- D MENER	AADDIED ERE	9 BALTIMORI	CITY		Y OF DI	EATH		
2		aden, Md.	U.S	.A.	WIDOWE		VORCED	BALTIM	ORE	CITY				MD
9	to CI	TY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INS	ITUTION	12a USUAL OG				KIND O	F BUSINESS	OR
2	-47	ALTIMORE	JOHNS H	OPKINS HO	OSPIT.	AL		House				Hom	e	
0		AL RESIDENCE (IF NURSING HOME OR		ISE RESIDENCE BEFORE		113d INSIDE C	ITY LIMITS?	13e.STREET AD	DRESS	/ ZIP COD	E			
1	M.	đ.		Balto.		YES	NO 🗌	17 Me				7.7	212	34
'n	14 FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S	MAIDEN NAA	WE	MIDDLE	-2		IAS		
K)	/		ce Grav				Luveni		MIDDLE	Duck	a++			
		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17 INFORMA			ADDRI	ESS	-	- / "		
	()	no		218 76	8710	Doro	thy Hu	tchine	con	17 M	arc	111717	C+	
		18 CAUSE OF DEATH (Enter on	ly one couse per l							-		APPROXI	MATE INTERVA	ATH
	-	PART I. DEATH WAS CAUSE	D BY:	CEREBRO	VASC	ULM	AZLIC	OCUT				4	d	
ī		William Co.		AS A CONSEQUE	NCE OF							-	1	
1		Conditions, if ony, which	(, b)	HUPENTE		1						1	41.	
		gove rise to immediate couse (a), stating the	DUE TO OB	AS A CONSEQUE								- 0	1	
		underlying couse lost.	(6)	THYNO	TOXIC	0515						4	n	
Ç.		PART 2 OTHER SIGNIFICANT	ONDITIONS CO				TO THE TERM	INAL DISEASE	OR CON	IDITION GI	VEN IN	PART 10		
į,	CERTIFICATION													
3	CAT	190 DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOP	SY?				GS USED	2
50	TIF	Land Street Residence	GR-2016					YES 🗌	NON		ES 🗌	CAUSES	NO [
i		210 ACCIDENT WAS UNDERLYING		INJURY N. MONTH DA	Y YEAR	21c. HOW IN	JURY OCCURR	RED (ENTERNATU	RE OF INJU	IRY IN ITEM 18	PARTIO	RPART ?)		
0	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	OH.		19	10000								
	EDIC	21d INJURY OCCURRED	21e PLACE O	F INJURY		21f. LOCATIO			CITY OR TO)WN	CC	YTAUC	STAT	E
	2	AT WORK NOT WHILE	(WI GOWE SIKE	EI, PACIONY OFFICE PA	ARM EIC	1 -			,					
		27s.1 certify that ill this hospi	to offended the	deceased from _	8/10	1/83	19.85	, to	124		19 8	3	that (I) (we) lost
		saw the december of ye on obove in we) four still no	t) view the body o		, 01	nd that in my	(our) opinion o	death occurred	on the d	ate and how	ur and l	om the	couses state	d
		The SIGNA) ORE	11	Mid-Gedin.		DEGREE					2	e. DATE	SIGNED	
		Marilo	feards		/		PHYSICIAN [MEDICAL DIRECTOR	STA PHYSIC			81.	24/85	
		22d. PHYSICIAN'S NAME (TYPE C	R PRINT)			22e ADDRES	S	SAPT P	1 70	139				
	3													
	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	IAME OF C	EMETERY OR	CREMATORY	23d LOCAT						
	B	urial	8-308	35 Ba	ltin	nore C	em.	Ba	alti	more	COUN	Md.	STAT	t
	74 FI	INERAL DIRECTOR						EIREGID-BY REC					IRE	

DHMH - 16 60M 7/B4 (VRA 15, 4)

James A. Morton & Sons 1701 Laurens St.

AAEREGO BY REGISTRARIZS REGISTRARIS SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE LAST 2a DATE OF DEATH 2b. HOUR I. DECEASED NAME TYPE OR PRINT 8:15PM Steven Joseph 4 RACE DATE OF BIRTH MONTH YEAR Caucasian 85 2 days Male BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X BALTIMORE CITY U.S.A. DIVORCED Maryland WIDOWED D CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION Arnold, Md. 21012 THE COUNTY Arnold 509 Greenblades Court A.A. Maryland IS MOTHER'S MAIDEN NAME LAST Miller Carol Pamela Michael Steven Dunn Arnold, Maryland 21012 17 INFORMANT IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Pamela Carol Dunn-509 Greenblades Ct No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c), 1 PART I. DEATH WAS CAUSED BY irreversible 15 minutes IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF

Conditions, if ony, which	(b)	code become		30
gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE	OF	3-4-11	
Conse		efect	MINAL DISEASE OR CON	DITION GIVEN IN PART 110
8. 2.85	19. CONDITION FOR WHICH OPEN Concentral a ortal preductal Co.	Stion was performed	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	RRED (ENTER NATURE OF INJU	RY IN ITEM IB PART I OR PART 2)
21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		

230. BURIAL, CREMATION, REMOVAL

DEGREE

ATTENDING MEDICAL DIRECTOR PHYSICIA 22c. DATE SIGNED

COUNTY

22d PHYSICIAN'S NAME

NOT WHILE

sow the deceased alive on_

22a | certify that (1) (this haspital) attended the deceased from

above, (1) (we) (did) (did not) view the bady after death

23b. DATE

C/OJHH Dept of

CITY OR TOWN

in (my) (our) opinion death occurred on the date and hour and from the causes stated

0.2.83

Burial

8/5/85

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

23c. NAME OF CEMETERY OR CREMATORY Baldwin Cemetery Crownsville A.A. Maryland

24 FUNERAL DIRECTOR

22b. SIGNATURE

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MPORTANT:

d b

DHMH - 16 50M 4/83

(VRA 15, 4)

00

Raymond C. Fink Glen Burnie, Md. 21061

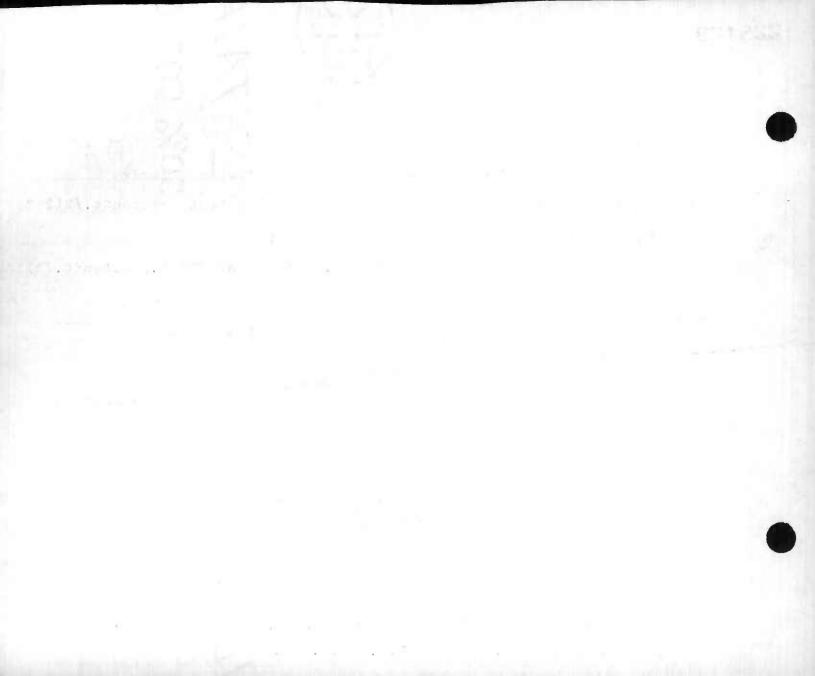
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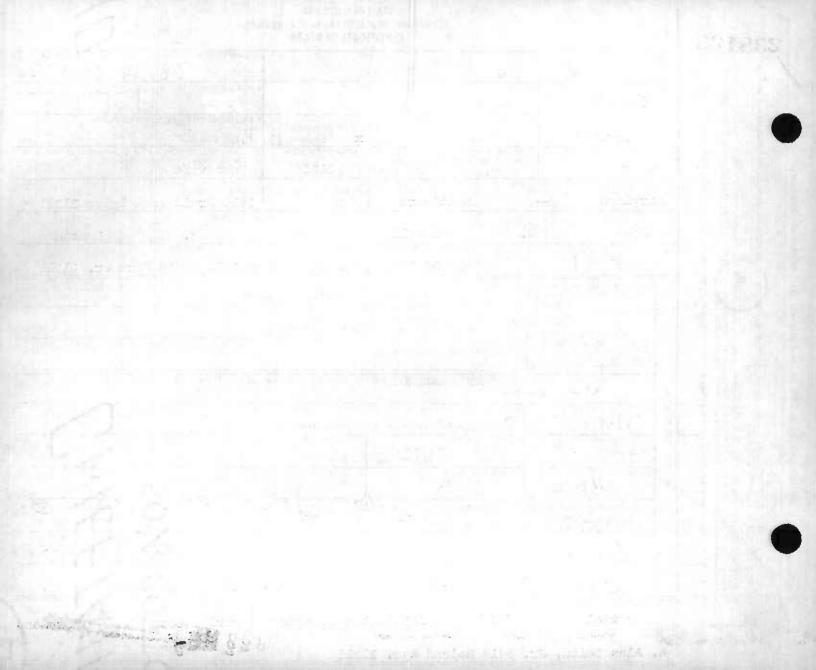
(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

9	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME EIRST	WIDDLE	(ASI	20. DATE OF DEATH MONT	Z U
		Thom		DUNN	08	09 85 11 p
	3. SE		4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
	7. 01	RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	1 0 8	9 BALTIMORE CITY OR CO	YRS.
2		OUNTRY	78. CITIZEN OF WHAT COUNTRY	MARRIED WEVER MARRIED	Baltimor	0 2 ()
	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	WIDOWED DIVORCED DIVORCED NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS C
10	1/2	salfo Md	IF NOT IN SUCH FACILITY, GIVE STREET	TADDRESS)	Archers La	
å		AL RESIDENCE HE NURSING HOME OF TATE		RE ADMISSION)	13e.STREET ADDRESS / ZIP	
35			A Baltim			estonSt./2120
a l	14. FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	AME / MIDDLE	LAST
200	(INKNOWN		UnkNOW		
9/		ES, NO OR UNKNOWN) (IF YES, C	RMED FORCES? 166. SOCIAL SEC	1 100 14	ADDRESS	
		No N	/A 0/1-01	JOH Mrs. Betty	y Dunn 726 E	
4.0		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause per line for (a), (b), a SED BY.	nd (E)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
6			ATE CAUSE (o)	garrese		
a of			DUE TO, OR AS A CONSEGU	ENCHOF OF ON PARTY	idensia	
too		Conditions, if ony, which gove rise to immediate	(6)	and war	affice to	
other		cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	JENCE OF	V ()	
y, or o		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	minal disease or condition	N GIVEN IN PART 1(0)
olu .	CERTIFICATION					
S ony	FICA	19a, DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
Show	ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	1214 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	YES NO
E ()		OR CONTRIBUTING CAUSE OF C	HOUR A.M. MONTH	DAY YEAR	(ENTER NATURE OF INJURY IN II	EM 10 PART I OKPART 2)
£ /	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	211 LOCATION		
0	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
202			pital attended the deceased from	7 149 1085	- Lug ?	19 S that (II (we)
200		saw the deceased alive of	19 19 19	any flut in (my) (our) opinior	death occurred on the date or	nd hour and from the couses stated
c		77% SIGNATURE	nat) view the blody after death.	DEGREE	- 0	22c. DATE SIGNED
0		WI	Jan Ma	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/12-tes
H Hen		~~~	The second of th		DIRECTOR E THISICIANT	
ANT. #		224 PHYSICIAN'S NAME IN	OR PRINCIPLE	22e ADDRESS7	0 1	
PORTANT: # Iten		224 PHYSICIAN & PAME 1999	V Keek	6118 Cl	as St. Ba	ety me 212
IMPORTANT: # Iten		JURIAL, CREMATION REMOVA	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23 DO LOCATION	et but 212
IMPORTANT: # Hea		1 CX		NAME OF CEMETERY OR CREMATORY A REVIEW Mem. Pk.	23d. LOCATION CITY OR TOWN Baltimore TE REC'D. BY REGISTRAR 29.5	ety Vul 212 Md. STATE



238125	1 -	FOR STATE REGISTRAR		DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL I ICATE OF DEATH	FIGURE 2 2	122
		CEASED NAME FIRST		MIDDLE		AST	26. DATE OF DEATH MONTH	
noy be give a strategie of the strategie	11116	May	E,		Durn	er	08	19 85 8 20 9
of person	3. SE		4. RACE		S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
ge 4		Female	Whi	u	11	28 04	- 80 -	rrs.
nerol dir. 72 hou		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	7b. CITIZEN OF		TRY? 8 MARRIE WIDOWE	D NEVER MARRIED	Baltimore City or Col	UNTY OF DEATH
ofter d		TY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NU CHEACILITY, GIVES		21215	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOUSewife	12b. KIND OF BUSINESS C INDUSTRY
in b	USU	AL RESIDENCE (IF NURSING HOME TATE	E OR OTHER INSTITUTION	, GIVE RESIDENCE	BEFORE ADMISSION)			
ND 24 h 24 h willed		aryland	DUNTY	Balti		13d. INSIDE CITY LIMITS	39. STREET ADDRESS	ark Drive 21211
YLA iner		THER'S NAME				15. MOTHER'S MAIDEN	NAME	
MAR ed will est will		John	MIDDLE W.	Rii	ssell	Ida	MIDDLE M.	Bossom
E. S.	16a. V	VAS DECEASED EVER IN U.S.			SECURITY NO.	17. INFORMANT	ADDRESS	DOSSOII
IMORE.	(YES. NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	214-3	4-3569	Rosella Du	rner 2070 Druid	
SALT PARTY		18. CAUSE OF DEATH (Enter	r only one couse pe	r line for (a), (b	ond (c).)	, ,		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2 2 3		PART I. DEATH WAS CAL	JSED BY: DIATE CAUSE (a)	Carl	dioresp	irayony a	NV62	
DN S			DUE TO, C	R AŞ A CONS	EQUENCE OF		^	
deot deot fron, oum		Canditions, if any, which	((b)_	moc	ardial	interestiv		
the the emo		gove rise to immediate couse (a), stating the		R AS A CONS	EQUENCE OF			
hot thot by case of, ca other of the case		underlying cause last.	((c)					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death remedit is executed within 24 hours are offending physician. Uter, this certificate has been signed by the offending place of completely filled in by as the buriol-transit permit. Then please remove cortic adopter revess 1 and 2 should be filled in by and Mental Hygiene prior to buriol, cremation, or any accountable to a shown ony injury, or other troumotic event, the medical examiner must be any accountable to the contract of the co	NO	PART 2 OTHER SIGNIFICAN	or conditions c	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE T	TERMINAL DISEASE OR CONDITION	N GIVEN IN PART 1101
w re beer mit.	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a. AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
TALRE lo icion. The lo icion. The los is store is shows.	TIFK	8/19/45	Pres	uned	rupdered	as mic avery		CERTIFYING CAUSES OF DEATH?
VITA Nysica Pronsil Hygin	CER	210. ACCIDENT WAS UNDERLYING	216. TIME C		DAM MEAD	21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITE	EM 18 PART 1 OR PART 2)
SICIAL By Bh Certiful	AL	OR CONTRIBUTING CAME &	DEATH	.M. MONTH	UJA YEAR	NIA		
ON HYS	MEDICAL	214. INJURY OCCURRED	21e PLACE	OF INJURY		211. LOCATION	CITY OR TOWN	COUNTY STATE
NG Pl NG Pl os the th and arked	₹	AT WORK DI TORK	(AT HOME, ST	REET FACTORY OF	FICE, FARM, ETC)	21MEET	CHYOKIOMA	COUNTY
Or or see of the mark	100	22a.1 certify that (1) (this ha	ospitol ottended	he deceosed fo	rom&]	19 19 8	5 10 8/19	, 19 0 , that (I) (we)
TOR OF He		sow the decressed alive above, (1) (we) (did did				nd that in (my) (auc opin	nion death occurred on the date on	d hour and from the couses stated
hosp hosp the Hem		226. SIGNATURE	not) view the body	offen deofn.		DEGREE		221. DAJE SIGNED
0 0 0 0 0		Aliende.	Hirle	1		ATTENDIN PHYSICIAI	MEDICAL STAFF	8/20/85
HOSPITAL ined by th FUNERAL Juld be dete h the State		224 PHYSICIAN'S NAME (TY	PE ORPRINT)	-		22e ADDRESS	N DIRECTOR DITTIONS	7
		Rhonda	- Fishel	m		Sinai H	bsortal of Ral	timore
TO F shoul	23a. E	RUDIAL CREMATION REMOV	AL 23b. DATE		23c. NAME OF C	EMETERY OR CREMATO	RY 23d LOCATION	
BP		Burial	8/23/	85		ton Cemeter	CITY OR TOWN	COUNTY
		UNERAL DIRECTOR	1 -7 -2-7			259	THE RESERVE AND ADDRESS OF THE PARTY OF THE	THE RESERVE TO THE
DHMH - 16 50M 4/82 (VRA 15, 4)	A	. Alan Seitz,	Jr. 3818	Roland	Ave. 2	21211	198 8 8 month	



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO 226111 a DATE KNOWN DECEASED NAME (TYPE OR PRINT) OF ESTI-8-9-85 DUVALL WARREN CALVIN 3. SEX 4. RACE IE UNDER 24 HRS DATE 5:41A PRONOUNCED MALE 1/21/1921 WHITE 64 DEAD Ja BIRTHPLACE (STATE OR L CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARIYLAND U.S.A. DIVORCED IN CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY STORE MANANGER 3807 Mayberry Avenue TIRES Baltimore BALTO, MD. 13b COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND BALTIMORE MAYBERRY AVE. 3807 21206 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST LAST MIDDLE LUCINDA MARION SHAW **HARRY** DUVAL 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 3807 MARYBERRY AVE. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) YES 215 12 9288 BALTIMORE MD WW II MARY LUCILLE DUVALL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Chronic obstructive pulmonary disease BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION E 3 SHOULD BE USED OF HE DEPARTMENT OF HE 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NOXX 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED TIE PLACE OF INJURY (AT HOME 211. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN 22a I certify that I took charge of the remains described above, held an Autopsy Inspection Natural causes Undetermined manner EXECUTE THE CI PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, V BALTIMORE, M. DATE 8-9-85 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn Street Korell.M.D. Margarita A. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE BURIAL 8/12/1985 PARKWOOD CEMETERY 07/84 BP BALTIMORF BALTO 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRA FUNERAL HOMES 7110 BELAIR RD. BALTO. **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

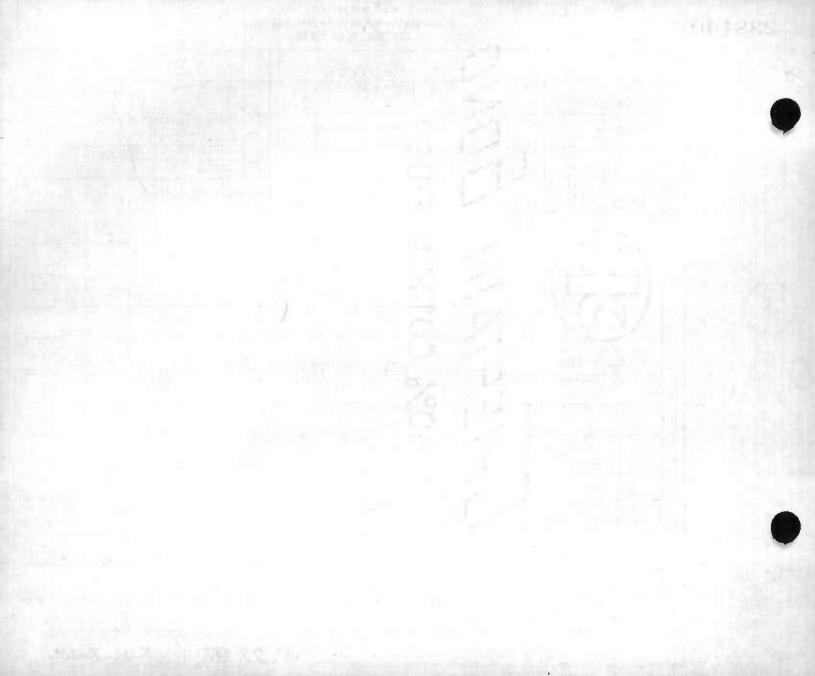
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)	1 -	FOR - STATE REGISTRAR		DEP		ICATE OF DEATH	HÝĞIEND	REG. N	2	1 2	es al	
		CEASED NAME FIRST	*	MIDDLE	l See 1	AST	20 DA	TE OF DEATH	MONTH	DAY YEAR	2b. HOUR	
		Lmo)rv .		E	augh			8 /	8 80	10 PAM	
	3. SE.	X	4 RACE	L		OF BIRTH		I IN YEARS LAST BIR	THDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS	
	1	Male	WH	TITE 3 20 24				6) YRS MONTHS DAYS			HOURS MIN	
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8	D X NEVER MARRIED	9 BALT	IMORE CITY O		Y OF DEATH		
/	1	COUNTRY) MD	US	A	WIDOWE		_ D.	alto. Ci	ity		MD.	
1	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NE		OR OTHER INSTITUTION		UAL OCCUPATI			OF BUSINESS OR	
2	1	Battimore/	Univ	of m	D Hosy	oral		oreman	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ra	ailroad	
5	USU. 13a. S	AL RESIDENCE (IF NURSING JOME STATE N3 COL Car	OR OTHER INSTITUTION JUST Y TO 11	136 CITY OR		136. INSIDE CITY LIMIT	13e.STR	FET ADDRESS 722 Mar	ZIP COD Sue I	br. 210	074	
N	14 FA	ATHER'S NAME	MIDDLE			15 MOTHER'S MAIDEN	NAME					
0		George	M	Eba	och	Dess	ne_	MIDDLE		$\mathcal{B}_{r_{\alpha}}$	mme	
2		VAS DECEASED EVER IN U.S. A	RMED FORCES?		SECURITY NO.	17 INFORMANT		ADDRE	17:			
		No		220 -	26-5974	Ms. Fran	ces E.	Crist	Westi	minster,	nester Rd.	
		18 CAUSE OF DEATH (Enter	only one couse pe	line for to), (b	oi, and ici	1				BETWEEN	MATE INTERVAL ONSET AND DEATH	
		PART I. DEATH WAS CAUS	ATE CAUSE (o)	RESPIN	natary A	rrest			0	5 r	ninctes	
Н			DUE TO, C	R AS A CONS	EOUENCE OF					10	0	
	82	Conditions, if ony, which gove rise to immediate	(b)	Lyste	ria man	ocytogenes :	Sep515			17 days		
		couse (a), stating the underlying couse lost	DUE TO, O	RAS A CONS	EOUENCE OF	1 11	1	- 1.		11		
			(tc)	DIHUS		oytic y	HIESA, L	ymphan	a	1 7 14	ears	
	z	PART 2 OTHER SIGNIFICAN	CONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE	TERMINAL DI	SEASE OR CON	DITION GI	VEN IN PART 1	0	
7	CERTIFICATION	190 DATE OF OPERATION	10h COND	ITION FOR WI	HICH OPERATIO	N WAS PERFORMED	200	AUTOPSY?	20h IE VE	S, WERE FINDI	NGS LISED	
7	FIC.	THE DATE OF OPERATION	178. COND	IIIOI TOR WI	HICH OFERATIO	IN WAS PERFORMED			IN CERT	FYING CAUSES	OF DEATH?	
	ERTI	21g. ACCIDENT WAS UNDERLYING	21b. TIME C	SE INTITIES		21c. HOW INJURY OC	YES (ES	ио 🗆	
		OR CONTRIBUTING CAUSE OF C	had transfer a		DAY YEAR	THE TIOW HOURT OC	CONKED (EX	TER MATURE OF INJU	RT INTIEM IS	PART (OR PART 2)		
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN		OF INJURY	19	211, LOCATION						
	MEC	WHILE NOT WHILE		REET FACTORY, OF	FICE, FARM ETC)	STREET		CITY OR TO	IWN	COUNTY	STATE	
		AT WORK AT WORK	2.0 1.1.1		7/	30 10	P	aliv				
		22a.l certify that (I) (this has sow the deceased alive of	n 8/78	6	I man I	nd that in (my) (our) opi	nion death ac	curred on the de	nte and ha		that (I) (we) lost	
		above, (1) (we) (did) (did :	not) view the body	olter deoth		DEGREE		corred on the di	ore one no	226 DATE		
		1/2000	Di to		mi	ATTENDIN				6/	10/50	
		22d PHYSICIAN'S NAME (TYPE	OR PRINT)	UN .	1.0	PHYSICIA 22e ADDRESS	AN [] DIREC	TOR PHYSIC	IAN	10//	8/31	
	W	Shin- 12	250.			58500 11	lant.	P.	1			
	22- 0	NEWSON A I	10000	-	22. NAME OF C	1303 90 1X	JESI-PX	VVV	13/			
	230 6	BURIAL, CREMATION, REMOVA (SPECIFY) Remova1	23b. DATE 8/19		ZSE NAME OF C	EMETERY OR CREMATO	ORY 73d	LOCATION CITY OR TOWN		COUNTY	STATE	
	24 E1	JNERAL DIRECTOR	0/19/	703		205-	DATE DECID	DV DECISTO AD	ath BEC IS	TD A DIS CICKLA	nuor.	
	27 (NAME	tomy Post	ADDR	ESS Balto	MA F	IIII TO -	BY REGISTRAR	Pa. REGIS	IRAR'S SIGNAT	UKE	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Anatomy Board



injury, or other troumotic event, th

IMPORTANT: If them 21 is morked or Item 18 shows ony

248088

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2

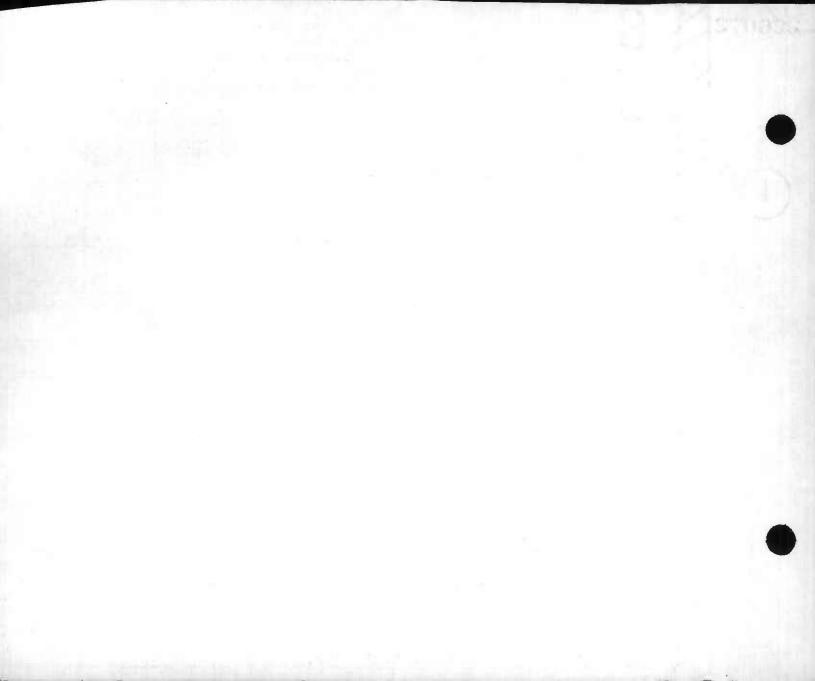
1. 1 a Davidson Rando

1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	ENE S REG. N	2	1 2	7	
	CEASED NAME FIRST		MIDDLE	L	AS1			AY YEAR	26 HOUR	2
TYPE	OR PRINT)		M	EBE	R	8/30/85			2:00	PM
3. SE	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 2	
,	FEMALE	WHIT	E	7	3 1908	77	YRS.	NONTHS DAYS	HOURS	MIN.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAA PDIE	D X NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH		
	Maryland	U.S.		WIDOWE	DIVORCED	Baltimore	City			MD.
1	altimore	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET, TNES HOSPI	ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Homemaker		126 KIND O INDUSTRY Own H		SSOR
13a S	AL RESIDENCE (IF NURSING HOME OF ATE				13d INSIDE CITY LIMITS? YES NO 🕱	957 Southr	ZIP CODE R	212 d. Bal	228 to. M	d.
) FA	Charles	WIDDIE	Buckingha	am	15. MOTHER'S MAIDEN NA Ellen	ME	6	Koons	ī	3
	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	ESS			
1	NO NO (IF YES. C	IVE WAR OR DATES)	215-22-8	3427	George J. El	ber Same as	13e.			
CERTIFICATION	PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT	DUE TO, O DUE TO, O (b) DUE TO, O (c) CONDITIONS CO	R AS A CONSEQUE R AS A CONSEQUE DOTRIBUTING TO D	NCE OF	NOT RELATED TO THE TERM		DITION GIVE	WERE FINDING CAUSES	NGS USED	h?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.	M. MONTH DA		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART OR PART 2)		
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	M, OF INJURY REET, FACTORY, OFFICE F	ARM ETC)	211 LOCATION STREET	CITY OR TO	wN	COUNTY	ST	ATE
	27a L certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did n 27b SIGNATURE	n	19		., 19	, to death occurred on the de		and from the		
Ĝ	Lal	elyans			DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		220. DATE	30-8	5
	<u> </u>	AKIAN.				Hospital, E	Baltimo	ore , M	ld.	
23a. E	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d. LOCATION		400 MATE	57.	ATE
	Entombment	9/3/85			Valley Memor:			Maryland		
	oy M. & Russel					EP 3 1985	42	Paris SIGNAT		. 00

DHMH - 16 60M 7/B4 (VRA 15, 4)

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226072	1	tem 2a, film LOR 8-22-85jl		MENT OF	E OF MARYLAND BEALTH AND MENTAL HOS TCATE OF DEATH	REG. NO	2 2 6
Sy be deep h		CEASED NAME FIRST OR PRINT) FANNIE	LOU		ror (Estor)		MONIH DAY YEAR 25 HOUR 8/6/85
ge 4 mor	3. SE	Female	4 RACE Black	5. DATE O		6 AGE (IN YEARS LAST BIRI	MONTHS DAYS HOURS MIN.
death. Paumerol din		RTHPLACE (STATE OR FOREIGN COUNTRY) GA	76. CITIZEN OF WHAT COUNTRY USA	WIDOW		Baltimore City of Baltimore	City MD.
The state of the s	В	altimore	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Union Memor	ial I		12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	
E BE	13a. S	MD 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFO JNTY 131 CITY OR TO Baltimo	WN	YES 🛛 NO 🗌		ziP CODE ford Ave. 21218
maker with the wind and 2		Lawrence	Artister Artister		15. MOTHER'S MAIDEN NA Mattie	MIDDLE	Ardister Artister
be executed on ond of s. Pages	16a N	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, C O	ARMED FORCES? 166. SOCIAL SEC 214-26-		Mattie Beasl	ey 2639 Gui	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND ING PHYSICIAN: The low requires that the death certificate be executed with a contending physician. When the death certificate be executed with a contending physician and complete the third first this certificate has been signed by the attending physician and complete the build-transit permit. Then please remove carbon papers. Pages I and 2 thousand hand Mental Hygiene prior to burial, cremation, or removal.	ATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT Democratical Part of OPERATION	DUE TO, OR AS A CONSEQUENCE OF THE CONDITIONS CONTRIBUTING TO	JENCE OF		IN AL DISEASE OR CONT	DITION GIVEN IN PART I IO
ALREC The law ian. The law ian.	CERTIFICATION			TOTERATIO		YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
C PHYSICIAN: TI OPHYSICIAN: TI OPHYSICIAN	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE NOT WHILE	BEATH HOUR A.M. MONTH	19	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	
TO HOSPITAL OR ATTENDING retoined by the hospital or of TO FUNERAL DIRECTOR: After should be detached for use os with the State Dept. of Health of MAPORTANT: If them 21 is mark		22e. Leetify that (I) (this has saw the deceased alive above, (I) (we) (did I) (did I)	pital) attended the deceosed from 19-		DEGREE ATTENDING PHYSICIAN	death occurred an the da	IAN 8 - 7 - 83
should with with	23a. I	BURIAL, CREMATION, REMOVA	AL 23b. DATE 23c		EMETERY OR CREMATORY	23d LOCATION	
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	Burial UNERAL DIRECTOR WM C March	ADDRESS		y's Cem.		n GA 256 REGISTRAR'S SIGNATURE Soundson-Pandall

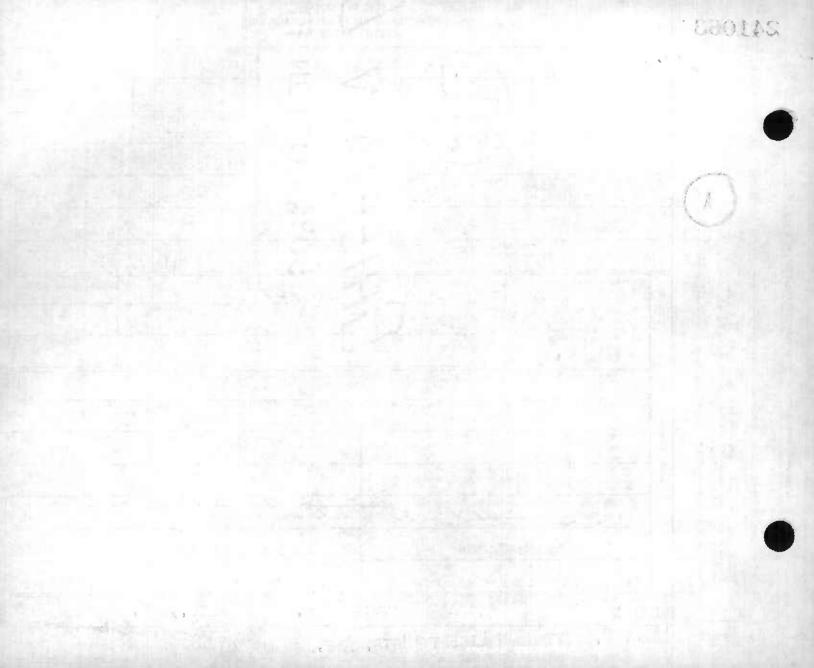


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BY GIENE CERTIFICATE OF DEATH

3	1.	FOR - STATE REGISTRAR		DEPART		IEALTH AND MENTAL BY G ICATE OF DEATH	REG. N	2	21	,
11		CEASED NAME FIRST		WIDDLE	L	AST		MONTH	DAY YEAR	26 HOUR
3	13.47	ALFRED		T.	ED	MONDS		8	23 85	M
	3. SE	Х	4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST B		IF UNDER 1 YEAR	
it , , .		Male	Bl	ack	MONTH	DAY YEAR 45	40	YRS.	MONTHS DAYS	HOURS MIN.
25		IRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
20		Maryland	U.S		WIDOWE		Balto.	City		MD.
30/	10.C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND (OF BUSINESS OR
au	-	Balto.	2436	St. Paul	L St.		(Disabled		INDUSTRY	
A	130. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU		13c CITY OR TOW Balto.		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 2436		aul St.	21218
1	14. F/	ATHER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE			
200	0	George		Edmonds		Carrie			Telle	
1/		WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDR	ESS 3832	2 Sequo:	ia Ave.
1/		No		216-54-3	3154	Ms. Edna S	Sparrow B	alto.	, Md.	
4		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per	r line for (o), (b), on	d (c)		7 3 7		APPRO) BETWEEN	ONSET AND DEATH
	-0		TE CAUSE (a)	Cardio	0 1650	ornatory Are	'est			
To tro			DUE TO, O	R AS A CONSEOU	ENCE OF					
trour	8	Conditions, if ony, which gove rise to immediate	(b)_	Myoc	ardi	al infacc	1100			
ther		couse (a), stating the underlying couse lost.	DUE TO, O	R AS A CONSEQU	ENCE OF					
0 0 0			(c)							
io bu	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ON I RIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	ADITION GI	VEN IN PART 1	0
O W	CERTIFICATION	190. DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDI	NGS LISED
S S	TIFIC						YES NO		FYING CAUSES	OF DEATH?
8 8 8	CER	210. ACCIDENT WAS UNDERLYING				216 HOW INJURY OCCUR				
E T	AL	OR CONTRIBUTING CAUSE OF DE	A111	.M. MONTH D. .M.	AY YEAR					
or Hem	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	CITY OR TO	Decise 1	COLINIA	
morked	×	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC)	SIKEET	CITY OR TO	JWN	COUNTY	STATE
is mo	78	22a 1 certify that (1) (this hosp				27. 19. 号二	, to August			that N. (we) last
21		sow the deceased alive or above, N. (we) (did) (did n	ot) view the body	olter death	55 . on	nd that in (my) (our) opinion (death occurred on the c	late and har	ur and from the	couses stoted
Hem		22b. SIGNATURE			I	DEGREE			22c. DATE	SIGNED
IT. If		Cana wa	10 (50 m	whal	· /	NO ATTENDING PHYSICIAN	MEDICAL STA	CIAN -	8-2	7-85
PORTANT		22d. PHYSICIAN'S NAME (TYPE				22e ADDRESS				
MPORTANT: If Item		CARLA WOLF	ROVENT		17.5		Road Bal	timos	e mo	21211
2	23a: E	BURIAL, CREMATION, REMOVA	. 23b. DATE.	29-85 E	NAME OF C	EMETERY OR CREMATORY	BALTO	Mp	COUNTY	STATE
- 3		JRTAL	8-	77-00 C	42111	EW CEM!				Bandalle
1/81	LE	ROX DIVETT.	4600 1	IRERTY	GTC	AVE - 250 DAT	IG 2 7 1985	25b. RECOLS	WAR STENAT	URE
,		T 7 11, 7	COLOR ALAN WHITE	V. D. L. L. L.	Bblt	onvad. Al	JG 2 7 1985	u		1

DHMH - 16 50M 1/81 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove cark with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or TO FUNERAL DIRECTOR. After this certificate has been signed by the ott



115		CEASED NAME FIRST Elizab	eth .		Edmun	de	REG. NO 2a DATE OF DEATH August 2	MONTH DAY	10	
1000	3 SE		I RACE). I	5. DATE O		AUGUST Z			DER 241
urs off		Female	Wh		oct.	DAY YEAR	94	YRS.	NTHS DAYS HOUR	
11.33	7a. BI	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WE	SA	WIDOWE		Baltimore city o		FDEATH	
11 85		Baltimore	Church	ACILITY, GIVE STREET HOSPI	address1	R OTHER INSTITUTION	120 USUAL OCCUPATA (TYPE OF WORK FOR MOST OF Homemak	F WORKING LIFE)	126. KIND OF BUS INDUSTRY Own H	
11.85	130. 5	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU		RESIDENCE BEFORE RECITY OR TOW Balto	'N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 6 Upland	ZIP CODE Road,	21210	
1830		Joseph		ampbell		15 MOTHER'S MAIDEN N. Clara	WIDDIE		sey LAST	
Poge:		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	20 44		Page Edmu	ands,	ss Same		
been agreed by the threading phone in the place of the children phone of cereal a current or or the phone of cereal activities, at other traumfalls even	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse iot, stating the underlying couse lost PART 2 OTHER SIGNIFICANT Old age 190 DATE OF OPERATION	DUE TO, OR A b) DUE TO, OR A tb) DUE TO, OR A	AS A CONSEQUE ASPI AS A CONSEQUE Dehy TRIBUTING TO 1	ence of ratio ence of drati DEATH BUT	monary arr n Pneumoni on; CI ble NOT RELATED TO THE TER.	a eding	20b. IF YES, V	VERE FINDINGS U	
1100	RIFIC	Rank The Land					YES NO X	YES [
RECION After this centified and for use of the build-force per of Height and Mental History em 21 is marked or frem 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETHER. NOTIFY MEDICAL EXAMINE 21d IN JURY OCCURRED WMILE NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE SOW the dependent of the colored o	ATH HOUR A.M. P.M. 21e PLACE OF (AT HOME STREET	MONTH DA	ARM, ETC.) Augu 35, on	211 LOCATION STREET St 29, 10 19	CITY OR TO	×× 29, 10	COUNTY 85 that (STATI
SAL DI detach date De NT. If In		220 PHYSICIAN'S NAME GYPE		M.D.	м,1	ATTENDING PHYSICIAN 220 ADDRESS C	MEDICAL STAF DIRECTOR PHYSIC HURCH HOSP			
should be	220 9	BURIAL, CREMATION, REMOVAL			LAME OF C	METERY OR CREMATORY	23d LOCATION			

the ends a minima. We make

Dv - Lilly s 19

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

22129

	'	REGISTRAR		CERTIFIC	ATE OF DEATH		REG. NO				
		CEASED NAME FIRST	MIDDLE	LAS	,	2a D/		AO HIMON	Y YEAR	26 HOUR	
Ī	Time	Doris	, &	EdRIN	aton	2 2 6	8	理 /	7 85	1205 A	M
-	J. SEX		4 RACE	5 DATE OF			E (IN YEARS LAST BIRTH		UNDER 1 YEAR	IF UNDER 24 HR	_
ı		H !	W	MONTH 2	15 2 YEAR	7	60	YRS.	INTHS DAYS	HOURS MIN	à.
-		RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUN	MARRIED	NEVER MARRIED	9 BAI	TIMORE CITY OF	COUNTY	FDEATH		
2		MO	03	WIDOWED		_	Bale	6	ity	٨	AD.
5	13	atto City	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY BIVE		OTHER INSTITUTION	(TYPE (SUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE)	12 KIND O	OF BUSINESS C	R
	13a S	TATE MA HOME OR COLON		RIOWN	34 INSIDE CITY LIMIT	1	REET ADDRESS /	ZIP CODE	st.	2121	7
)		William	MIET I	Ker Ros		NNAME	MIDDLE	,	Pergo	10	
			wed FORCES? 166 SOCIAL	SECURITY NO. 1	7 INFORMANT	hout	ADDRES Marvin L	1333	W. 37	th St. 212	11
		18 CAUSE OF DEATH Enter onl PART I. DEATH WAS CAUSED IMMEDIATE	y one couse per line far (a), (D BY E CAUSE (a)	oate	Sucep	hale	alley		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH	н
		Conditions, if ony, which	DUE TO, OR AS A CON	SEQUENCE OF	etaslase	25	8		mich	lles	
		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON	SEQUENCE OF C	Ell le	m, c	ance		enc	nhi	
	NOIL	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION	tal 1	the he	MCN	ISEASE OR COND	ITION GIVEN	J IN PART 14c	0	
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATION	WAS PERFORMED	20a YES	AUTOPSY?		WERE FINDIN		
)		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	TIC HOW INJURY OC					NO []	
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19							
	MED	21d INJURY OCCURRED	THE PLACE OF INJURY (AT HOME STREET, FACTORY, C		II LOCATION STREET		CITY OR TOW	N	COUNTY	STATE	
		22a I certify that (1) (this haspite	al) attended the deceased t	from 3	17 19_	FT . 10	8/14		SF.	that (I) (we) la	ost
		saw the deceased alive an above, (1) (we) (did) (did not	view the body after death.	19 ond	that in (my) (aur) op	inion death a	ccurred on the dot	e and hour a	nd from the	causes stated	
		226 SIGNATUR 5	nudu m	DE	GREE ATTENDIR PHYSICIA		DICAL STAFF		SIL DATE	SIGNED	
		22d. PHYSICIAN'S MAME (TYPE OR	y de m	0	22 SC	WER	01+	Be	etso	- Mo	1
		URIAL, CREMATION, REMOVAL	76. DATE		METERY OR CREMATO		LOCATION CITY OF TOWN		COUNTY	STATE	
		Burial	8/16/85	Forest Ba	ptist Cem.		Upperco		M	larylan	d
	24 FU	INERAL DIRECTOR			25c	DATE REC'E	BY REGISTRAR 2	5b. REGISTRA	R'S SIGNAT	URE	

DHMH - 16 60M 7/84 (VRA 15, 4)

A. Alan Seitz, Jr. 3818 Roland Ave.

AUG 1 5 1985 John Davidson Mandaire

ONISES 23/ 58 A/ 25 8 E Edgington 15 Balto City Butte Bry bern of med Hisp - The 8 mid Bully the theter - 1339 to 37 14 St The state of the s 2011/1010 DESTAL CALIFORNIA CONS. Million 1500 months SMILLE COLL COME PROGRAM 26 10 cm 2007 30 200 mo 12 013 43, 145 IL ILLE - 11/4 KSIGGERAL SOFTER OF Rete

243930

STATE OF MARYLAND FOR STATE

Wm. C. March F/H 1101 E. North Ave.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

22130

		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).		
	I. DEC	CEASED NAME FIRST	MIDDLE		AST			AY YEAR	26. HOUR
	(TYPE	AUGUSTUS	COLLINS	EDWARD	S		8 30	85	3:15A M
	3 SEX	X	4 RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
	-	Male	Black	5 month	17 23 YEAR	62	YRS	ONTHS DAYS	HOURS MIN.
5		BIRTHPLACE STATE OF FOREIGN 76 CITIZEN O		OUNTRY? 8 MARRIE	D NEVER MARRIED DIVORCED	BALTIMORE,		OF DEATH	MD.
pro	10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA	L, NURSING HOME		120 USUAL OCCUPATION	NC		F BUSINESS OR
5		Baltimore	VAMC, BALT	IMORE, MD	21218	(TYPE OF WORK FOR MOST OF	WORKING LIFE	INDUSTRY	
5		AL RESIDENCE (IF NURSING HOME OF STATE 136 COUL		COR TOWN 1timore	13d. INSIDE CITY LIMITS?	336 Pressum	zip code	21217	
70	14. FA	Sydney Jos	seph Edward	LAST S	Marie	Theresa		LAS	Mack
/	16a V	VAS DECEASED EVER IN U.S. AF		12-0446	Elizabeth J. Ed	wards 3913 17t			D.C.
3	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse to storing the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	DUE TO, OR AS A COLOR OF THE CONDITIONS CONTRIBU	TING TO DEATH BUT	NEUMONIA , NOT RELATED TO THE TERM		206. IF YES,		VGS USED
	1 1					YES NO			NO []
1		216. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	ART 1 OR PART 2)	
	MEDICAL	71d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUR (AT HOME, STREET, FACTO	DRY OFFICE FARM ETC }	3900 LOCH	RAVEN BLVD.		COUNTY	D. 21218
		sow the deceased alive or obove, (x (we) (did) (x (did))	8/.50	19_85	nd that in XXX (our) opinion	to <u>8/30</u> death occurred on the da	ite and hour		that X (we) lost
		226 SIGNATURE Varma	IMD		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC		220 DATE	\$1GNED,
		VAR MA	OR PRINT)		22e. ADDRESS				
		BURIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF C	EMETERY OR CREMATORY	23d LOCATION			51.15
	(Cremation	9/3/85	Greenmou	int Cemetery	Baltimore		COUNTY	STATE
	24 FL	UNERAL DIRECTOR				TE REC'D. BY REGISTRAR	256 REGISTE	RAR'S SIGNAT	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR.

BP.

IMPORTANT: If Item 21 is

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DEPART	MENT OF	HEALTH	AND A	MENTAL	HYGIENE	200
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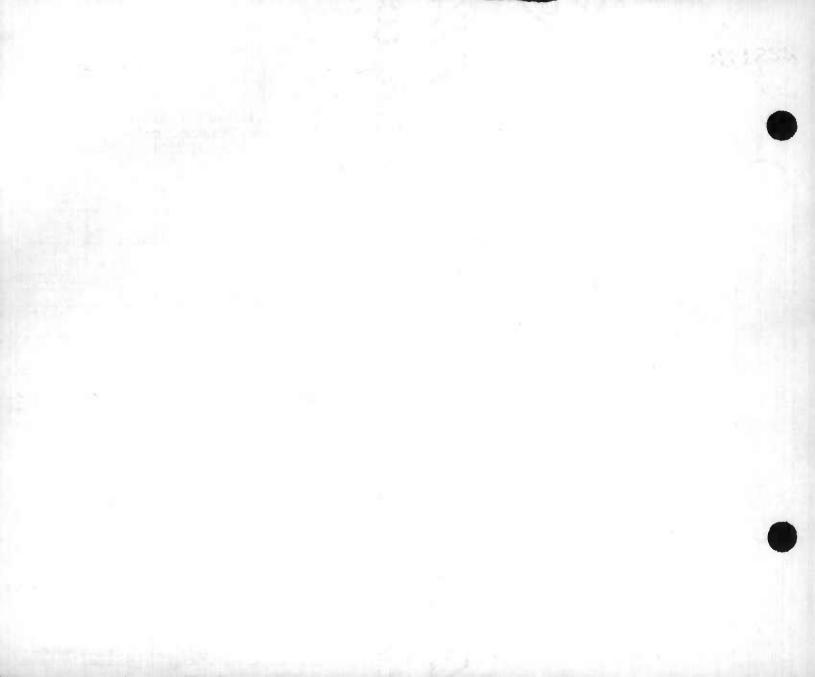
0036	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF H	EALTH AND I		JENE 5 2 2	131
h		EASED NAME FIRST	WIDDLE		WARDS	SR.	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR 730
tod age	1. SEX	MALE	4 RACE White	S DATE C	F BIRTH	YEAR 19	6 AGE (IN YEARS LAST BIRTHDAY) 6 YRS	IF UNDER I YEAR IF UNDER 24 HRS
35		THPLACE (STATE OR FOREIGN DUNIRY) Maryland	76 CITIZEN OF WHAT COUN	TRY? 8.	NEVER !		9 BALTIMORE CITY OR COUNTY BALT (NOR	and the same of
14	HEET	YOR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S THE GOOD	STREET ADDRESS)	PROTHER INST	11000	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Truck Driver Re	
435	Ma. S	aryland 136 COI	OR OTHER INSTITUTION GIVE RESIDENCE JNTY 130 CITY OR			NO 🗌	13e.STREET ADDRESS / ZIP CODI	. ALLO
to	5 FA	Ela M	arshall Edv	vards		S MAIDEN NA/ FIRST Bry	ME Harriett	Ennis
Pages		AS DECEASED EVER IN U.S. A	SIVE WAR OR DATEST	SECURITY NO.	17 INFORMA		E. Edwards 3109	Mary Ave. 212
t by the attendin note remaine could of cremation, or r other traumation		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS					
n signed Then ply t to burst injury, o	NOI	PART 2. OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CONDITION GIV	/EN IN PART 11a
9	CERTIFICAT	90 DATE OF OPERATION	196. CONDITION FOR WI	HICH OPERATIO	N WAS PERFO	DRMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
Den 18 sh	¥	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	HOUR A.M. MONTH	DAY YEAR	14.13	12. 17	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
ther thus by A cond M	MEDIC	216 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY STATE
Storuse of Health		saw the deceased alive of	pital) attended the deceased from 8 2 4	0:-	28 ad that in (my)		death accurred an the date and hou	19, that (1) (we) lo or and fram the causes stated
RAL DIRE		22b. SIGNATURE RAMO 22d PHYSICIAN'S NAME LIVE	y Kurban	~ , M	U	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	276 DATE SIGNED 85
O FUNK hould be		RAMSAY	KURBAN	200	To ADDRES	THE !	GOOD SAMA	RITKN HOSP
		JRIAL, CREMATION, REMOVA PECIFY) Burial	Aug 28 1985	23t NAME OF C	ood Ce		23d LOCATION CITY OR TOWN Baltimore	Maryland State

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc. Baltimore, Maryland AUG 2 6 1985 REGISTRARIS SIGNAURB

CALTI M. G. R. THE GOULD SALLED HOST TRUST BOLL STORY and the state of t CONTRACTOR OF THE PARTY OF THE healters; straiffing gradema between foot 35 tag lating AUG & 1915 - Line Configuration heargress, stombiles .bul .solk . bermsed a



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

STATE OF MARYLAND

- S	OR TATE REGISTRAR		DEPART		EALTH AND MENTAL HY		2 2 5. NO.	1 3	3	
	ASED NAME FIRST	MI	DDIE	l	AS1	20 DATE OF DEAT		DAY YEAR	26 HOU	
(TYPE OR	Made.	line	S.	Ed	wards	3.71	8	u xh	5\$3	5 PM
3. SEX	Value Kalalin	4 RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER I YEAR	IF UNDER	
	Female	White	e	MONTH	1 29 YEAR 97	88	YRS	MONTHS DAYS	HOURS	MIN.
	HPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY	8 AA A DD IE I	NEVER MARRIED	9 BALTIMORE CIT		TY OF DEATH		
	aryland	U.S.	Α.	WIDOWE		Ba1	timore	City		MD.
1	altimore		FACILITY, GIVE STREE	T ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUI ITYPE OF WORK FOR ME Housewife	OST OF WORKING	INDUSTRY Own H		SSOR
130 STA	RESIDENCE (IF NURSING HOME OR ATE UL COUP ryland Howa	ITY I	IVE RESIDENCE BEFOR 13c. CITY OR TOV Columbia	NN	138 INSIDE CITY LIMITS? YES NOX	13e STREET ADDRE	ss / zip coi	DE n Avenue	210)46
1. FATH	HER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME				
1	Stephen	P.	Heath		Annie	Maria		Young	ī	
(YES.	S DECEASED EVER IN U.S. AR NO OR UNKNOWN] (IF YES, GIV	MED FORCES? E WAR OR DATES)	6b. SOCIAL SEC 218-50-		Wilbert A.	Edwards Ba	DRESS 031 Lak altimor		21228	3
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23a BUR	RIAL, CREMATION, REMOVAL Burial	23b. DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOW		COUNTY	.51	TATE
1	burial	8/13/8) Lo	oudon !	Park Cemetery	Baltimo	re		Md.	

DHMH - 16 60M 7/B4 (VRA 15, 4)

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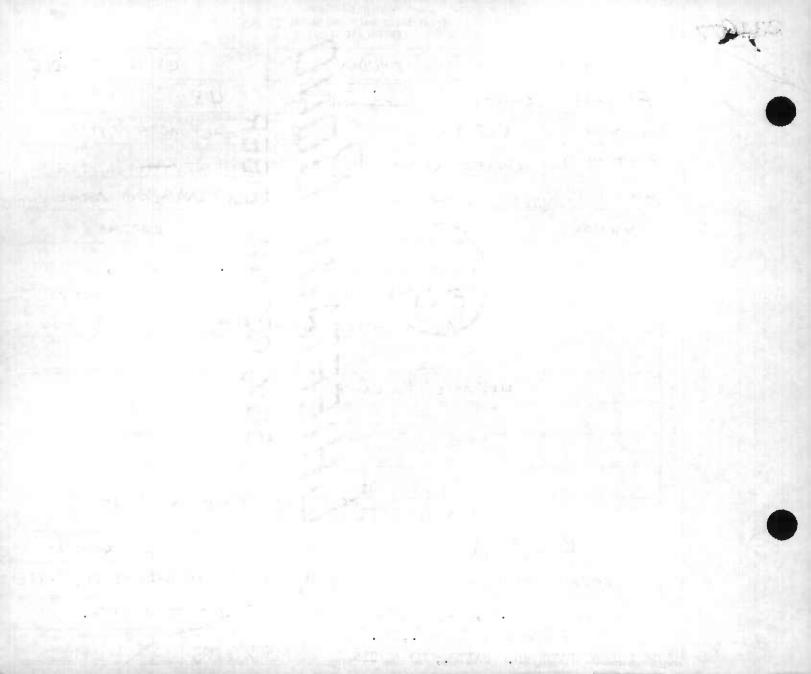
TO FUNERAL DIRECTOR, After the should be detached for use as the with the State Dept. of Health and IMPORTANT: If Hem 21 is marked

Leroy Russell C. Witzke Funeral Homes P.A. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1630 Edmondson Avenue, Catonsville, Md. 21228 1630 Edmondson Avenue, Catonsville, Md.21228

wie Davidson-Randon

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pog pog	3. SE	X	14.	RACE	5.	DATE OF BIRTI		6. AGE IN YEARS LAST		IF UNDER I YEAR	IF UNDER 24 HRS
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9 5 5 6		TY OR TOWN OF DEAT	ru 11	NAME OF HOSPITA		IDOWED .	DIVORCED	Dalto.	City	Tour Minutes	MD.
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ORE of colors		VAS DECEASED EVER II	U.S. ARME		CIAL SECURIT	Y NO. 17. IN	FORMANT	1 4700	RESS	and Ro	4
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BAL)		18 CAUSE OF DEATH	Enter only	one couse per line for (a), (b), and 15	i'h Z)			APPROX	DATE INTERVAL
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DN h ce h ce or corbic or records				DUE TO, OR AS A C	ONSEQUENC	F OF	0	1 .			
RESTON e death ce nove corbion, or troumatic		Conditions, if any,		(b) Et	000	Cig	. Smo	King	- 4	OWEDE	of HVS
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1 W by ase If, cr		underlying cause	last.	(c)	01102 @ 02110						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLANG PHYSICIAN OF VITAL law requires that the death certificate be executed within a otherwise physician and completely filled its certificate has been signed by the attending physician and completely filled as the burial-transit permit. Then please remove carbon papers. Paged, and 2 should the and Mental Hygiene prior to burial, cremation, or removal. The angle of them 18 shows any injury, or other traumatic event, the medical examples maked or them 18 shows any injury, or other traumatic event, the medical examples that		PART 2. OTHER SIGN	IFICANT CO		TING TO DEA	TH BUT NOT R	ELATED TO THE TERM	AINAL DISEASE OR CO	NDITION GIV	EN IN PART 10	0'
RDS equi	CERTIFICATION										
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AL R	TIE	Marie Villago						YES NO	YE	YING CAUSES	NO [
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HYS ndin his c bur 1 Me	MEDICAL	21d. INJURY OCCURRE		210. PLACE OF INJUR		211. LC	OCATION STREET	CITY OR	20wal	COUNTY	STATE
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TTEN pitol TOR for u		saw the deceased		yiew the body after dec	19:55	, ond that	in (my) (our) opinian	death occurred on the	dote and hau		
OR AT DIRECT Sched fr Dept. of them 2		226. SIGNATURE	100	O O	(i)	DEGRE			R. C.	22c. DATE	SIGNED
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		F. E	11000	orth Co	ok	124	431 M	PM	A	2 86 1	14 2100
Of of Shape	23a. E	SURIAL, CREMATION, R	EMOVAL	23b. DATE		AE OF CEMETE	RY OR CREMATORY	1234 LOCATION	\sim	JUF. 7	J -125
BP		remation		08/12/1985			it Cremato	CITY OR TOWN	ore Cit	y, Mary	rland
		INERAL DIRECTOR		00/12/1905	GLE	en rou		E REC'D. BY REGISTRA			
DHMH - 16 50M 4/82 (VRA 15, 4)	T.	Valter Broo	ke Dwa	dlow Tra	ADDRESS Dalto	MD	21222 AU	1 3 1085	The Man	14 deen-Ac	incle 22
(, ,	V	arter proo	V2 DTC	actey, IIIC.	Dall	. 1	41444	10 1000			



AME OF CEMETERY OR CREMATORY

Parkwood Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL CREMATION, REMOVAL

Burial

(SPECIFY)

24 FUNERAL DIRECTOR

E.F. Lassahn, 11750BelairRd. Kingsville, Md. 21087

8-29-1.985

23b DATE

Parkville Balto.



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THE REPORT OF THE PARTY OF THE

TARREST OF THE PROPERTY OF T

executed within 24 haurs after death. Page 4 may be

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

and campletely filled in by the

should be detached far use as the burial-transit permit. Then please remarke carbon papers: Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

OR ATTENDING PHYSICIAN: The law requires that the death certificate be

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2

REGISTRAR										
P. DECEASED NAME	FIRST	MIDDLE	LA	ST		20. DATE OF DEA	TH MONTH	DAY	YEAR	2b. HOUR
TYPE OR PRINT!	Danje	· D	E1	27011			1	1	83	1.20
SEX		RACE	S. DATE OF	BIRTH		6. AGE (IN YEARS)	AST BIRTHDAY	IF UN	DER I YEAR	IF UNDER 2
46			MONTH	VAC	YEAR	4. 1102		MONT	HS DAYS	HOURS
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B. CITY OF TOWN,	F DEATH	1. NAME OF HOSPITAL, N				120. USUAL OCC	UPATION	E	2b. KIND O	F BUSINES
Bal	70	JEAL ON	STREET ADDRESS)	· Can	ter	TYPE OF WORK FOR	MOST OF WORKI	NG LIFEL	DUSTRY	Dan
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Md		BA	610	YES Z	NO 🗌	238	pri	10	20	1-1
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160 WAS DECEASED		ED FORCES? 166. SOCIAL	SECURITY NO.	17. INFORMAT	NT //	,	ADDRESS (1 1		01
	1	2/8	07-594	3 50	m Ne	doon	238x	MA	es (1
THE CAUSE OF	DEATH (Enter male	ane cause per line for (a), ((h) nod (c)					T	APPROX	MATE INTERV
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DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND

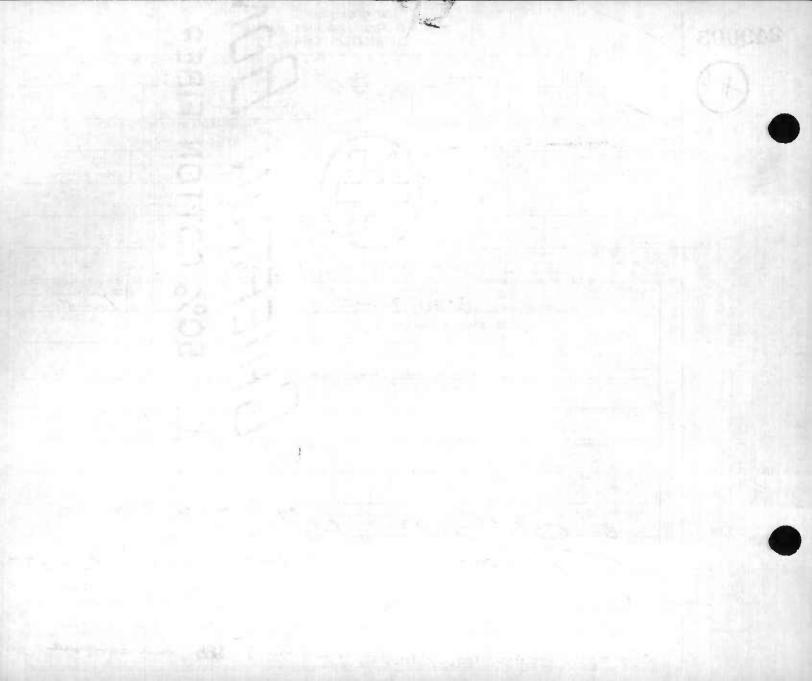
249005	1	FOR TATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYDIENES 2 2	1 3 8							
~/		CEASED NAME FIRST	WIODIE	LAST		DAY YEAR 26 HOUR							
å (h		Helen	Gertrude	Ellis	August 30, 1985								
you (Th)	3. SE	Х	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.							
oge 4	B	Female	White	December 14, 1	909 75 YRS								
h. P	Jo B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH							
Jun 7		Pennsylvania	U.S.A.	WIDOWED DIVORCED	□ Baltimore City	7 MD.							
ofter of with dividing	1	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STRE		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF								
in by e file		Baltimore AL RESIDENCE (IF NURSING HOME O	1313 Eutaw Pl		Secretary	Air Force							
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tely 2 sh	14. F	ATHER'S NAME		15 MOTHER'S MAIDEN									
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ond c		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	CURITY NO 17 INFORMANT	ADDRESS								
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nth certificate inding physicia carbanpaper i, ar removal. matic event, th			PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF										
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n signer Then pl	NO	PART 2 OTHER SIGNIFICANT	ART 2 OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
on. has bee	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	TH OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO N							
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ATTENDIII Spital or CTOR: A Ifor use of Health		A STATE OF THE PARTY OF THE PAR	oitol) oftended the deceased from	AND DESCRIPTION OF THE PARTY OF	nion death accurred on the date and hou	19 30, the (D (we) lost and from the causes stated							
TAL OR Ay the hory the hory the horder detoched fore Deption If them		27h SIGNATURE	Vom	DECREE ATTENDIN PHYSICIA	G MEDICAL STAFF	3-30-85							
HOSPI nined b		Dr. George E.		22e ADDRESS									
of of which of the officer of the of	23n	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATO	Y 23d LOCATION								
BP		(SPECIFY) Cremation			ory Baltimore City	Maryland STATE							

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

Walter Borrks Bradley, Inc. Balto., MD 21222

250 DATE, REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE BE



234078	1.	FOR STATE		DEPARTMENT OF HEALTH AND MENTAL HYGIENE) 2 2 1 3 9 CERTIFICATE OF DEATH									
KO3010		REGISTRAR		50.5	100	nude 213		DEATH		REG. NO.		34.8	
1 7 4	1. DEC	CEASED NAME	BAUL	-013	MIDDLE EMI	MER	AST		20. DATE OF D	185	ONTH DA	AY YEAR	126 HOUR 4: 20 PM
cto per softer d	3. SEX	MALE	4.	RACE	SIAN	5 DATE O	F BIRTH	67	6. AGE (IN YEA	RS LAST BIRTH		FUNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
Pog Hour	70. BI	RTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNT	RY? 8 MARRIE	X NEVER	MARRIED 🗆	9 BALTIMORI	E CITY OR		OF DEATH	-01-14
Jeoth Jeoth 72		RUSSIA		US		WIDOWE	D 0	NORCED	C	-		- 21	MD.
offer of the fr	h	ALTIMORE	лн 11	(IF NOT IN SUC	HOSPITAL, NUR			TITUTION	120 USUAL OF TYPE OF WORK F MERCH	OR MOST OF V			OF BUSINESS OR
AND 212	13a S	AL RESIDENCE (IF NURSITATE MARY LAND	BALTI	Υ	OW INGS	OWN	13d. INSIDE C	CITY LIMITS?	13e STREET AC	DORESS / Z		APT. CT #2	<i>E</i> 21117
d within		THER'S NAME FIRST LOUIS		DDLE	EMME			S MAIDEN NAM		MIDDLE		UNK	NOWN
mod con Poges 1 of medicale	160 V	VAS DECEASED EVER		ED FORCES? WAR OR DATES)	166 SOCIAL SI	17-9780	17 INFORMA	ANT MRS. ENMOUNT				OT. E	MD 2111
sattle by sicror spers.		18 CAUSE OF DEAT	H (Enter only	ane cause per								BETWEEN	MATE INTERVAL ONSET AND DEATH
SI., P		PART I. DEATH W	IMMEDIATE		CARL	Dio-Pu	LMONI	ory F	AILUR	2			-11000
201 W. PRESION SI., BALLIMOKE, MAKTLAND 2120 ss that the death certificate be executed with T2 hours ned by the offending physician and completely timed in by please remove carbanappers. Pages 1 and 2 should be filt urial, cremation, ar removal. v. or other traumatic event, the medical examine in Mystbe in		Conditions, if ony, gave rise to imm couse (a), statin	nediate	(b)		STATIC	CA.	TO 20	(NG, L)	IVER			
that if		underlying couse	lost.	((c)_	R AS A CONSE								
RDS, 2 equires n signe Then p r to bur injury,	NO	PART 2 OTHER SIGN	NIFICANT CO	NDITIONS <u>C</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATED	D TO THE TERM	IN AL DISEASE	OR CONDI	ITION GIVE	N IN PART 110	ינ
he law roon. hos bee t permit ene prio	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WH	ICH OPERATIO	WAS PERFO	DRMED	200 AUTOP			WERE FINDING CAUSES	
CLAN: T physici physical physici physici physici physici physici physici physici physi		210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	CAUSE OF DEATH	,	OF INJURY .M. MONTH .M.	DAY YEAR	21c. HOW IN	VJURY OCCURE	RED (ENTER NATU	IRE OF INJURY	IN ITEM 18 PAI	RT I OR PART 2)	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir offending physicion. ther this certificate has been sig as the buriol-transit permit. Then th and Mental Hygiene prior to b orked ar tem. 18 the wild injury	MEDICAL	21d INJURY OCCUR	RED	21e. PLACE	OF INJURY REET, FACTORY, OFF		21f LOCATI			CITY OR TOW	N	COUNTY	STATE
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R ATT hospiral RECT hed for tem 2 if		abave, (1) (we) (c 22b. SIGNATURE	did) (did nat)	view the bady	after death.		DEGREE	, (,			-	Jan. BAFE	
TAL OR NY the h RAL DIR detache tote Dep		22d. PHYSICIAN'S NA	HC)	XIS.	hypru	M	- D .	-	MEDICAL DIRECTOR	STAFF PHYSICIA	ANIS	10/15	188
TO HOSPITA retoined by TO FUNERA should be de with the Stot		KENNETI		SHAP	IRe		3 Su	LARLON	F Cr.	# _T -	, Br	HIMA	ee, Mo.
BP	23o E	SURIAL, CREMATION, SPECHY) BURIAL		AUG. 16	,1985			CREMATORY ETH ISRA	EL BAY	ETTMOI	RE	COUMMARY	Y LAND ATE
DHMH - 16 50M 4/83	24. FU	NAME			I & BROS	55			E REC'D. BY RE	0.00	12. m		
(VRA 15, 4)		6010 REIST	ERSTO	WN RD.	BALTO.	, MD 2	21215	AUI	0 40 19	85	via Dai	udson-A	indell

	FOR			
	STATE			
ī	OCCUPANT OF			

24.00	1-	STATE REGISTRAR			DEF		ICATE OF DEATH		REG. N	0		
3106		CEASED NAME	FIRST	=	MIDDLE		AST	20.	DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
deoth			DENNIS	Н		ENGL				13,1985		3:05p
# F /8	1. SE			RACE		S. DATE C	DAY YEAR	AR	AGE (IN YEARS LAST BIE	MON	INDER I YEAR	HOURS MIN
2 E		ALE		WHITE		MARC	CH 24 192		62	YRS		
50 20 h	11100	RTHPLACE PRINTED	OR FOREIGN		WHAT COUN	TRY? 8 MARRIE	XX NEVER MARRIED	D - 1	BALTIMORE CITY C		DEATH	
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	E	ALTIMORE		VA" MED	ICAL CE	NTERBAI	TIMORE	(1)	USUAL OCCUPAT YPE OF WORK FOR MOST OF CURITY G	OF WORKING LIFE	INDUSTRY Racet	rack
21	USU.	AL RESIDENCE HEND	136 COUN	THER INSTITUTION	13c. CITY OR	TOWN	13d INSIDE CITY LIMI	ITS? 13e	STREET ADDRESS	/ ZIP CODE		
		yland	Balt	imore	Arbut	us	YES NO		507 Wilke	ns Aveni	ue 21	229
MA	11	THER'S NAME	D *	HODLE	Dec and LASI		15. MOTHER'S MAIDE	ENNAME	MIDDLE E.		Hun	§T.
1/02	nar		F.		Engles		Mary		E.		Hun	L
16 4/2		VAS DECEASED EVI		MED FORCES? WAR OR DATES)		SECURITY NO.	17 INFORMANT					12.44
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priori io. o.		PART 2 OTHER SI	IGNIFICANT	ONDITIONS (CONTRIBUTING	0117 00		E TERMINA	L DISEASE OR CON	INITION GIVEN	IN PART 1	701
Mery Mery	No.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									II Y PANT II	u .
9	CERTIFICATION	19a DATE OF OPER	RATION	196 CON	DITION FOR W	HICH OPERATIO	N WAS PERFORMED	3	20e AUTOPSY?	20b. IF YES, WIN CERTIFYIN	VERE FINDI	NGS USED OF DEATH?
1113	8	210. ACCIDENT WAS	UNDERLYING		OF INJURY		21c. HOW INJURY O	OCCURRED			OR PART 2)	
10114	0.0000	OR CONTRIBUTING	_	n l	A.M. MONTH P.M.	DAY YEAR						
10 20 4	MEDICAL	214 INJURY OCCU		21e PLACE	OF INJURY		211. LOCATION		CITY OR TO	OWN	COUNTY	STATE
the d	×	NOT ALL	WHILE WORK	(AT HOME S	TREET, FACTORY, OF	FFICE, FARM ETC.)	SINCE					
To the second		22a.l certify that	(X(this hospit				y 5 , 19_	85	, to August	13, 198	85	that X (we) I
255		saw the dece above, Niwe	ased alive on	Augu	st 13	.19 <u>85</u> , as	nd that in (m X (aur) ap	pinion dear	th accurred an the d	late and hour or	nd from the	couses stated
T STEE		226 SIGNATURE	1/1.	1			DEGREE		N. E. P. LET	J. 78. 3	22c. DATE	SIGNED .
1986 /			HUIL	sig 1	ul)		ATTENDI PHYSICI		AEDICAL STA		5/	13/85
Anthe Sted		226. PHYSICIAN'S	- 11	PRINT)	n4 N		22e ADDRESS				,	
1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		C. Helinski M.D. 3						3900 Loch Raven Blvd. Baltimore MD 21218				
	230 E	URIAL, CREMATIO	N, REMOVAL	AL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY					DRY 23d LOCATION			
	Bu	rial		AUG. 1	3 1985	Woodlawr	Cemetery		Wood Tawn	n Balt	imore	Maryl

DHMH - 16 60M 7/84 (VRA 15, 4)

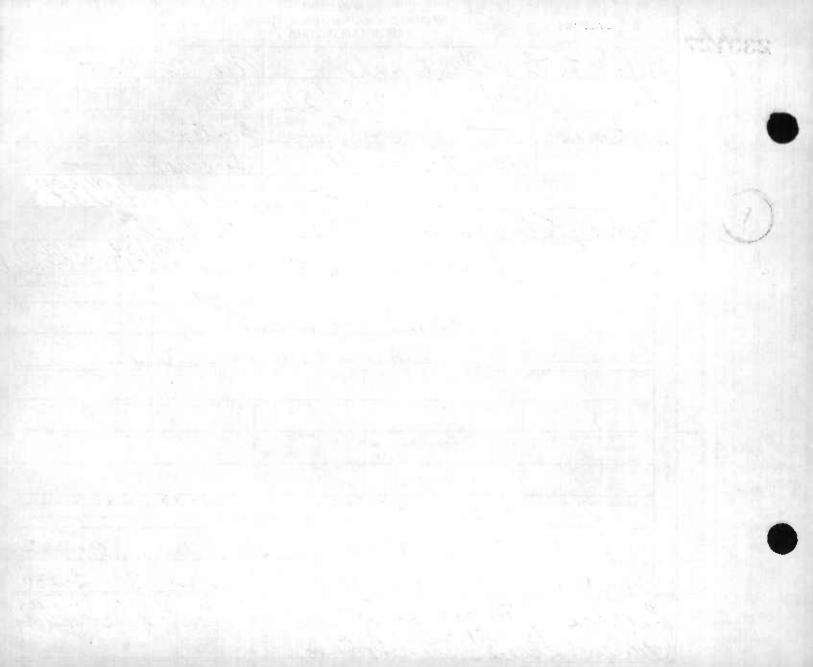
24 FUNERAL DIRECTOR HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVENUE 250. DATE REC'D. BY REGISTRAR 255. REGISTRAR'S SIGNATURE

is Davidson Randall

246066	1,	FOR STATE	DEPARTMENT	STATE OF MARYLAND FOR HEALTH AND MENTAL HYG	iene 2 2 1	4
240000	1	REGISTRAR	C	ERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DA	AY YEAR 2b. HOUR
may be page 3	(TYPE	OR PRINTI)	Finnis	8 2	16 85 4:25 M
moy poger deg	3. SE	Hndreu		LYMMO		
£ 2,4	3. SE	X	RACE 3.1	DATE OF BIRTH MONTH DAY YEAR	- 1	ONTHS DAYS HOURS MIN
ge 4 r	1	Male	Black	4 5 89	96 YRS.	
To Sein Po		RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8		9. BALTIMORE CITY OR COUNTY	OF DEATH
# EF 37	1	mary land	Trulled Sinies of	DOWED DIVORCED	Buttimore, City	
a significant	10 C	ITY OR TOWN OF DEATH	II. NAME OF HOSPITAL, NURSING H		120 USUAL OCCUPATION	MD.
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ND 21201 24 hours filled in by	130.	STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 207	n 37/218
YLAN	14. F	ATHER'S NAME	17-14-000	15 MOTHER'S MAIDEN NA		
3 0 0 0	1		MIDDLE LAST ,	A FIRST OF	all SMERNIS	anny"
	4 6	Joseph .	Ennis	MICRAD	ell SARAL S	MINUL
BALTIMORE, cote be executory sicion and copers. Pages your, the medical nt, the medical		WAS DECEASED EVER IN U.S. AR		NO. 17 INFORMANT	ADDRESS	2/2/5
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, BALTI ficate b ficate b papers. lavol.		II CAUSE OF DEATH (Enter or	ly one couse per line for (a), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PARTI. DEATH WAS CAUSE	DBY:	al Obstruction		DETWEEN ONSET AND DEATH
ng in particular in the contract of the contra	100	IMMEDIA	E CAUSE (o)	a carraction		
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. PRESTO the deat the other remove c emotion, er traum		Conditions, if any, which gove rise to immediate	(b) Almoca	remoma of the	eown.	7/97.
the the		couse (o), stoting the	DUE TO, OR AS A CONSEQUENCE	OF		
that the state of the state of the state or other or othe		underlying couse lost	(c)			
m 6 5 4 5 5	100	PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 1(a)
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	₫.	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPE	RATION WAS PERFORMED	200 AUTOPSY? 20% IF YES.	WERE FINDINGS USED
he low r on. has bee hos bee permit.	CERTIFICAT		172. 60.1011.01.101	WINDS TO THE STATE OF THE STATE	IN CERTIFY	ING CAUSES OF DEATH?
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DIVISION BING PHY are this to a the but alth and M	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, I	ETC.I STREET	CITY OR TOWN	COUNTY STATE
O o o o E			full attended the decement trans	February 10 190	3 , August 26 ,	o 85 shot the full last
ATTEND spitol o CCTOR: A dor use 1. of Heal		sow the deceased plive as	August 21 19 85	17	death occurred on the date and hour	, moi (i) (se) losi
ATT OSPIN		above, (I) (we) (did) (did no	I view body after death.		on occorred on the dote ond noor	
OR A DIRECTOR A DIRECTOR OCHECTOR OCHEC		22b. SIGNATURE	1, 110	DEGREE	MEDICAL STAFF	221 DATE SIGNED
, F , Q , -		Surge	later MAN	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN .	Hug 26, 1985
A SPIT		224. PHYSICIAN'S NAME (TYPE O	R PRINT)	22e ADDRESS		J
O HOSPITAL etoined by t TO FUNERAL should be dei		George Tal	er N.D	LAD Light	1. Beltimore, M.	D. 21230.
TO HO retoin should with t	230 5	SURIAL, CREMATION, REMOVAL		OF CEMETERY OR CREMATORY	123d LOCATION	0, -120.
	1	SPECIFY)	6/20100 0	1 COMMATORY		COUNTY 2 STAND
	20.5	BUMAL	10/30/85 HE	buyles METUPI	1 Barre	Ind.
DHMH-16 60M 1/73	24. FI	UNERAL DIRECTOR	ADDRESS	250. DATE	REC'D. BY REGISTRAR 256. REGISTR	AR'S SIGNATURE
(VR A 15 (4))		Joseph Kuc	5 HH 2222 W	2. North Mey AU	329 1085 July Da	videon-handelle



/	1	Film G607 items	s 13a, b, c, d, e. STATE OF MARYLAND
analahr	1.	FOR STATE 9/19/85 rj	DEPARTMENT OF HEALTH AND MENTAL HYGIENES 22 4 5 CERTIFICATE OF DEATH REG. NO.
233027	I. DE	CEASED NAME FIRST	Eschenbach 20. Date of Death Month DAY YEAR 26. HOUR
tothe do	I. SE	F,	5. DATE OF BIRTH 6. AGE IN YEAR LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0 B	BIHPLACE (STATE OR FOREIGN 7) OUNTRY) CRITEMORE	76. CITIZEN OF WHAT COUNTRY? & MARRIED WEVER MARRIED DIVORCED DIVORCED CITY OR COUNTY OF DEATH
1 100	10,2	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 11. VOI 15 SUCCESSION STREET ANDRESS 12. KIND OF BUSINESS OR THY OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
100	13e :	TATE 13b. COLIN	O OTHER INSTITUTION GIVE RESIDENCE REPORE ADMISSIONS
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rificate by physicia an papers emissiol.	T		nly one cause per line for (a), (b), and (c) DBY: TE CAUSE (a) Condispulmonay and TE CAUSE (a)
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that the sale tem of, crema		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS ACONSEDUENCE OF Cardis Vasculas Disease
Then plant in the	NOI		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
11119	CERTIFICATION	19E DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 AUTOPSY? 200 AUTOPSY? 200 IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
GCIAN or Physics or Ph	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19
attends After the book to conduct the book the book to conduct the book the book to conduct the book to c	MEDI	AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET CITY OR TOWN COUNTY STATE
ATTENDIA rightful or CTOR A differ use 1 of Health		saw the deceased alive an abave, (1) (we) (did) (did not	at) view the bady after death.
TAL OR CALL DIRECTOR OF THE HOUSE DESCRIPTION		22b. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF
O HOSPI TO FUNE TO FUNE MANUAL DE		SANDE LIVE OR	L. Howard no 1800 S. Charles St. 21230
BP	de	UBIAL, CREMATION, REMOVAL	8/17/85 Holy Cross Cem, Ling tetchiologica
DHMH - 16 50M 4/83 (VRA 15, 4)	6	NERAL DIRECTOR	AUG 1 6 1985 AUG AUG 1 6 1985



O FUNERAL DIRECTOR

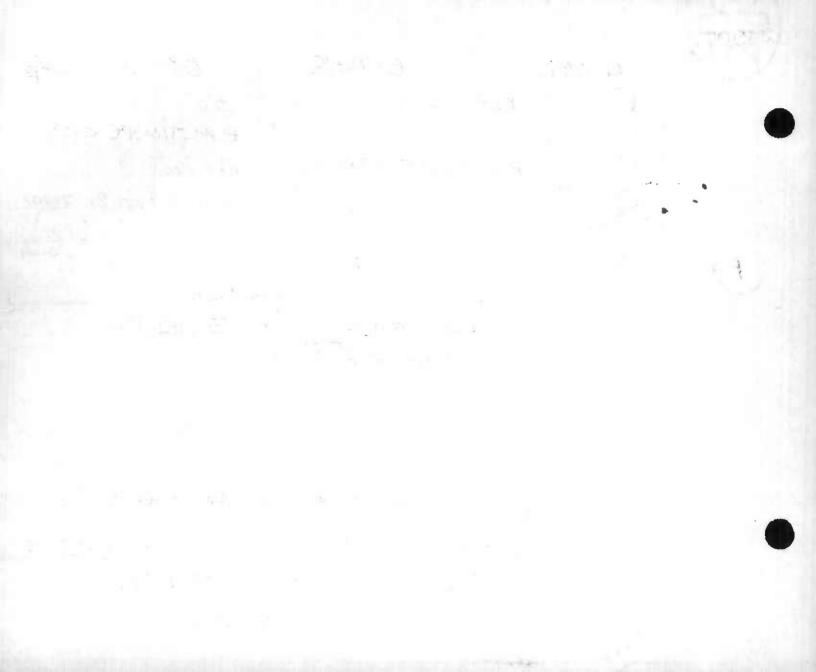
DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: # 8

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR				REG. NO).		
5		GLADYS	WIOOFE	EV	ANS	20 DATE OF DEATH	- 29-8	26. HOI	UR
	1. SEX	6	BLACK	5. DATE C		6 AGE (IN YEARS LAST BIRT	YRS.	DAYS HOURS	R 24 HRS. MIN.
9		THPLACE . (STATE ORFOREIGN	76. CITIZEN OF WHAT COUP	MARRIE WIDOWE	D NEVER MARRIED DIVORCED D	BALTIMORE CITY O	MORE	CITY	MD.
9	11	De Town OF DEATH	11. NAME OF HOSPITAL, N PROUTLE	STREET ADDRESS	DPITA)	12a USUAL OCCUPATH (TYPE OF WORK FOR MOST O	ON 126. KI INDUS	nd of Busin Stry	ESS OR
5	77	IL RESIDENCE (IF NURSING HOME OF	NTY 13 CONTROL OF THE RESIDENCE OF THE R	E EFFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	10/00	RATT S	1 71	201
0	14. FA	Willie	MIDDLE & M	and	15 MOTHER'S MAIDEN NA/	WIDDLE	Hu	doon	<u></u>
		VAS DECEASED EVER IN U.S. AR (ES. NO ORUNKNOWN) (IF YES, GIV	MED FORCES? (E WAR OR DATES)	L SECURITY NO.	Mes Mary	Spicer 83	34. PRA-	PPROXIMATE INTE	1901
	NO	PART I. DEATH WAS CAUSE IMMEDIA' Conditions, if any, which gave rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CON DUE TO, OR AS A CON DUE TO, OR AS A CON (c)	SEQUENCE OF	HOT RELATED TO THE TERM		ELUTUS DITION GIVEN IN PA	RT 110	
2	CERTIFICATION	19x DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE F IN CERTIFYING CA YES		ATH2
7	MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 27a I certify that (I) (this hasp sow the deceased alive on obave, (I) (we) [did] (did not the second of the second	HOUR A.M. MONT P.M. 21e PLACE OF INJURY (AI HOME STREET, FACTORY (office, FARM, ETC.) from August	nd that in (my) (our) opinion (DEGREE	to A 1900 death accurred on the do	wn country of the and hour and hour and liantry of the and hour	that (h)	toted
		22d. PHYSICIAN'S NAME (TYPE O	JEME	- <i>N</i>	ATTENDING PHYSICIAN [72° ADDRESS PROMISE A	MEDICAL STAF		-29-	82
	230. 17	URIAL, CREMATION, REMOVAL	43-95	12 NAME OF C	EMETERY OR CREMATORY	23d. LOGATION /	iore, mil	1. 212	STATE 26
	4	LOUIS & J	use 222	pal: mer	the ares P4	REC'D. BY REGISTRAR	256. REGISTRAR'S SIC	MATURE	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

	REGISTRAR		CERTIFI	CALE OF DEATH		REG. NO.			
	CEASED NAME FRST	MIDDLE	LA	12.	2a DATE OF D		H DAY YEA	AR 2b	HOUR
ITYP	Joe	R.	Evans	s. Sr.	Aug	ust 1	6. 1985	5	A
3. SE	X	4 RACE	5 DATE O	, -	6 AGE IN YEAR		IF UNDER 11		UNDER 24 HRS
	Male	Black	MONTH	27 2 ^{YE AR} 29	56		YRS.		OURS MIN.
	IRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8.	NEVER MARRIED	9. BALTIMORE	CITY OR CO	UNTY OF DEAT	Н	
	orth Carolina	U.S.A.	WIDOWE		70 . 7 .	imore	City,		ME
	Baltimore	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES 1708 Darl			174 USUAL OC (TYPE OF WORK FO				USINESS OR
13a.	AL RESIDENCE (IF NURSING HOME O STATE 13b. COU aryland	NTY 13c CITY OR		13d. INSIDE CITY LIMITS? YES 🖔 NO 🗌	1708	Darle	y Ave.	2	1213
14. F.	Jasper	T. Evans		Emma		WIDDLE	Cor	ppe	dge
16a	WAS DECEASED EVER IN U.S. AF	ME WAR OR DATES	0-1841	Pearline	Evans	1708 1	Darley	Ave	enue
	PART I. DEATH WAS CAUS	nly one couse per line (or (o), (b ED BY: TE CAUSE (o)	1, and (E)	Cordony	pody			PROXIMAT VEEN ONS	TE INTERVAL
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSI	EQUENCE OF		rminal disease (OR CONDITIO) cel	<i>y</i>
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION	N WAS PERFORMED	200 AUTOP	SY? 20b.	. IF YES, WERE FI CERTIFYING CAL YES	USES OF	
	710. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCC					140
MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	ZIE PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FICE, FARM, ETC)	ZII LOCATION STREET		CITY OR TOWN	COUNT	Y	STATE
	saw the deceased alive a	oitol) attended the deceased from the body after death.	le 1	d that in (my) (our) opinio	on death accurred	on the date of	nd hour and from		ot (1) (we) la uses stated
	276. SIGNATURE	engen	Care	EGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	_ 0	20	SNED S
	Dr. Larry	S. Kerry		107 2.	Sarato	ga S	+ 51	02_	
	BUTIAL CREMATION, REMOVA	8/22/85	Garris	emetery or cremator son Forest	VA OWT		ills, ill		Mď.
24. F	UNERAL DIRECTOR			25a. C	ATE REC'D. BY REC	SISTRA 256. P	REGISTRAR'S SIG	NATUR	E

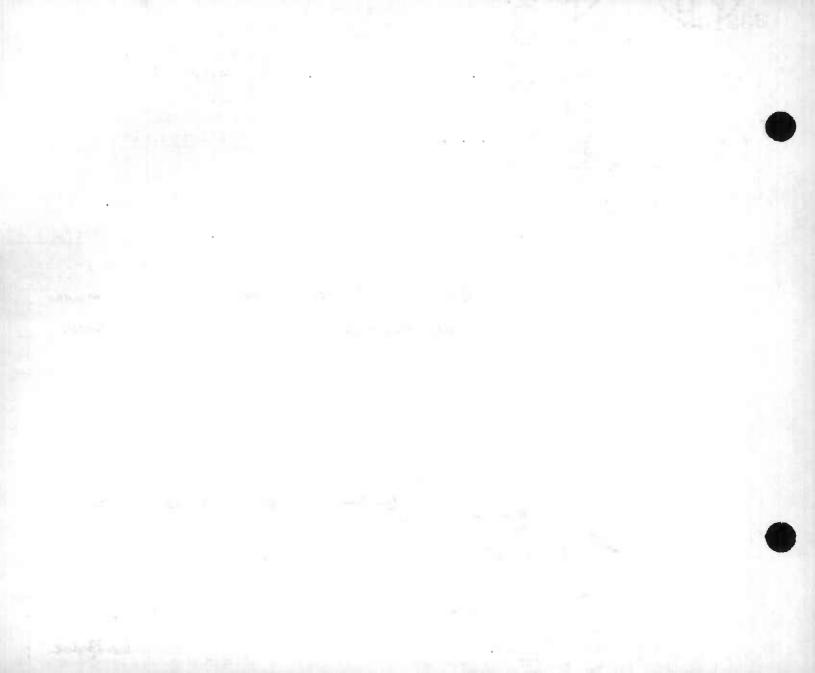
Wm CMEMarch F/H Inc. 11010 North Avenue

DHMH - 16 50M 4/83

should be detached for use as the burial-transit permit. Then please remove corbon with the State Dept. of Health and Mental Hygiene prior to burial, cremation, of Health APORTANT: If them 21 is marked at Item 18 shows ony injury, or other traumatices

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

(VRA 15, 4)



		11-	FOR STATE REGISTRAR		ME	DEPARTME	AMINER'S	CERTIFICATE O	F DEATH	EG. NO.	4 0	
24	2060	1. DE	CEASED NAME OR PRINT)	E FIRST	dred	MIDDLE NI-N		(AST	2a DATE KNOW OF EST DEATH MAT	WN MONTH	-18 ₁₉ 85	26 HOU
	IECESSARY, PEASE INERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS IN PRESTON STREET,	3. SEX	male	* RACE white	S DATE OF BIRTH	6	AGE (IN YEARS IF	VANS UNDER T YR. IF UNDER NTHS DAYS HOURS		HTHOM		2d HOU
		70 B	RTHPLACE (S REIGH COUNTRY) TTSDUT	gh, Pa.	USA	HAT COUNTRY	? 8. MAI	RRIED NEVER MARRI	ED Baltim	ore City	NTY OF DEATH	MI
	PAGE SEPILED,	1	TY OR TOWN	re	3927	Sinclai	r Lane	THER INSTITUTION	12a USUAL OCCUPATION FOR MOST OF WORKING LIST SALESCIERK	IFE)	OR INDUS Sears (TRY
10212	7	13a. S	d.	13b COUN	OR OTHER INSTITUTION, GI	13c CITY OR	town	YES NO		air Lan	e 21213	
ORE, MD			John	of wind		etrosk		ADOLLON:	ia		jtko	1-1/2
BALTIM	GIVE PA GIVE PA TITH FOR PAGES I VISION		no, or unkno	n	MED FORCES? yar OR DATES) A Ily ane cause per line	172 18	SECURITY NO.		ans (son) 25	Portsh	in Rd 2	
DS, 201 W. PRESTON ST	XECUTED WITHIN 24 HOLIGARY IN PENCIL IN 11EM 14 AL EXAMINER ALONG BURIAL TRANSIT PENNI AND MENTAL HYGENE, ATION, OR REMOVAL		Canditio gave ri couse (a lying cou	IMMEDIA' ns, if any, which se to immediate) stating the <u>under</u> - use lost.	D BY: TE CAUSE (0) AI (b) DUE TO, OR (c)	rterios AS A CONSEI AS A CONSEI	Clerotic	Cardiovasc	cular Disease	3	BETWEEN ONS	ET AND DEATH
DIVISION OF VITAL RECORDS, 201	DULD BE ENDING SEPADIC SEPA	CERTIFICATION	19a DATE OF	OPERATION AL CAUSE WAS	19b. CONDI	TION FOR WH	ICH OPERATION	WAS PERFORMED?	D LENTER NATURE OF INJURY IN	ITEM 18 PART T OR F	20 AUTOPS' YES	Y? NO XX
DIVISION	R: THIS CERTIFICATE SHE THE WORL RWARDED TO THE CH RWARDED TO THE CH RE PAGE 3 SHOULD BE U E STATT DEPARTMENT O D. 21201 PRIOR TO BUR	MEDICAL	214 INDUDY	NG CAUSE OF	DEATH P.M		19	LOCATION STREET	CITY OR TOWN	C	OUNTY	STATE
•	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR, PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120		death result ACTUAL SIGNATURE EXAMINER'S	Notus	ge af the remains/des rol couses XX is F. Smy	Accident [Suicide [M.D. Assistan	Undetermined monner The MEDICAL EXAMINER Penn St., Be		8-21	_85 21201
07/84	PAGE AFTE	13	(TYPE OR PRI URIAL, CREMA PECIFY) PENIATIO	TION, REMOVAL		23c. NAA	AE OF CEMETERY	OR CREMATORY OCESS Inc.	23d LOCATION CITY OF LOWN Baltimore			
25M	DHMH - 17 (VR A15 ME (5))				weiger ADDRESS		astern A		REC'D. BY REGISTRAR 251	REGISTRAR'S		



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24 FUNERAL DIRECTOR

Walter Brooks Bradley, Inc. Balto., MD

DHMH - 16 50M 4/83

(VRA 15, 4)

Children Property - Statemen

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- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

22143

REG. NO

DECEASED NAME MIDDLE 2a. DATE OF DEATH MONTH DAY 7h HOUR LITYPE OR PRINTS 8 1985 9:27A M James 6 AGE (IN YEARS LAST BIRTHDAY) 1 SEX 4 RACE MONTH DAY YEAR Male 1906 White Sept. To. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY Baltimore City New York U.S.A. WIDOWEDXX DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE)

Clerk Manufacturing St. Agnes Hospital Baltimore BUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Baltimore Maryland Kensington YES [NOXX 622 S. Warwick 21229 15. MOTHER'S MAIDEN NAME FATHER'S NAME LAST MIDDLE FIRST MIDDLE (UNKNOWN) Charles Fagan Trene 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 068-09-2015 Robert C. Fagan 622 S. Warwick Road 21229 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line to 18 and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119 90 DATE OF OPERATION 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES 1 NO T 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1) (this housital attended the deceased from aur apinian death accurred an the date and have and from the causes stated and that in (my abave | | e) did (did not) view the bady after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS Dr. Gallager 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN (SPECIFY August 8 1985 Lakeview Memorial Park Burial Sykesville Carroll Maryland 24 FUNERAL DIRECTOR 250 DATE REC D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE AUG 5 Hubbard FuneralHome, Inc. 4107 Wilkens Avenue was Day de manda De

DHMH - 16 60M 7/84 (VRA 15, 4)

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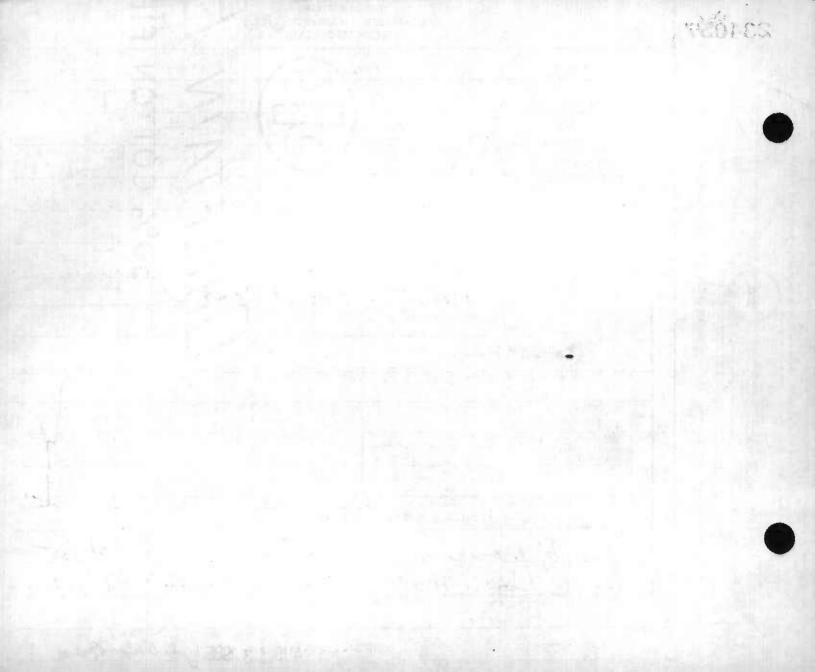
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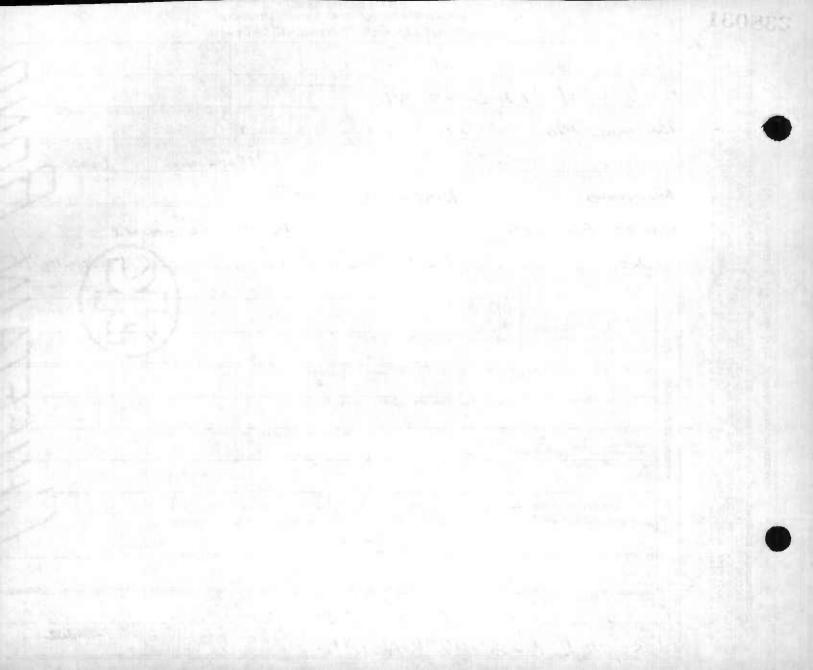
3331 Brehms Lane, Balto Md.

(VRA 15, 4)

23	4057	,	FOR STATE REGISTRAR		DEPARTA	MENT OF HE	OF MARYLAND ALTH AND MENTALIFY CATE OF DEATH	GIENE 2	2 !	5	
			DECEASED NAME FIRST	MID	DDLE	LAS	ST .	20 DATE OF DEATH	MONTH DAY	YEAR '	2b. HOUR
pe	death		(TYPE OR PRINT) MARY	L		FAI	LLON		8 1	85	1:30 A
IN OE	r. po	3	SEX	4 RACE		5. DATE OF		6 AGE (IN YEARS LAST 8	IRTHDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
9e 4	ector irs of		Female	White		12	9 06 YEAR	78	YRS.	THS DAYS	HOURS MIN.
eath. Po	in 72 hou	5	a BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WE	HAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY Balto.		DEATH	MD
01 s ofter o	by the fulled with	0	Balto.	(IF NOT IN SUCH F	OSPITAL, NURSIN FACILITY, GIVE STREET Charles	ADDRESS)	OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Sales		126 KIND O INDUSTRY Reta	F BUSINESS OR
BALTIMORE, MARYLAND 2120	filled in a		JOUAL RESIDENCE (IF NURSING HOA 30. STATE 136 C	AE OR OTHER INSTITUTION GEOUNTY		E ADMISSION)	3d. INSIDE CITY LIMITS?	13e STREET ADDRESS 524 N. Ch			21201
MARYL,	and 2 sh		4. FATHER'S NAME FIRST Martin	MIDDLE Fa	last 11on		5. MOTHER'S MAIDEN N FIRST Agnes			Duffy	ī
rimore, execut	Pogest medical,	1	60 WAS DECEASED EVER IN U.S.	. ARMED FORCES? 16 S. GIVE WAR OR DATES)	66 SOCIAL SECU 214-24-1		17. INFORMANT	na Fallon	RESS 255 E Balto	Rogers	Forge
DIVISION OF VITAL RECORDS, 201 W PRESTON ST. ING PHYSICIAN: The law requires that the death trilling physician.	signed by the hen please ren a burial, crem jury, ar ather t		gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICAL	DUE TO, OR A	AS A CONSEQUE		OT RELATED TO THE TER	MINAL DISEASE OR COM	1DITION GIVEN	IN PART 11a	ı
AL RECORD	e has been sit permit. The giene prior to hows any inj	9	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING			1.08	WAS PERFORMED	700 AUTOPSY?	206. IF YES, W IN CERTIFYIN YES	G CAUSES	
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bit Al OF	ERAL DIR		John h	Bow	ans		ATTENIDING	MEDICAL STA	FF CIAN []	876	185
TO HOSP	should be d with the Sto		John W	Bowin	CMD		500 W. Un		Belt. M	d 2	1210
BP_		1	30. BURIAL, CREMATION, REMOVE (SPECIFY) Removal	736 DATE 8/1/85	73c. N	NAME OF CEA	METERY OR CREMATORY	23d LOCATION CITY OR TOWN	cc	YINUC	STATE
DHMH-	16 50M 1/81 RA 15, 4)	2	4 FUNERAL DIRECTOR	v Board	ADDRESS	Ra1+		ATE REC'D. BY REGISTRAL	256. REGISTRAR		JRE



238031	1-	FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	da
	200	REGISTRAR	REO. INC.	ph.
		PE OR PRINT)	MIDDLE LAST 20. DATE KNOWN X MONTH OF ESTI-	DAY YEAR 2b. HOUR
S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D. WITHIN 72 HOURS		Ellwo		
STE STE	3. SE	X A RACE	5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	PAY YEAR 10:03
N 22 OUR,	m	A/8, (01	12-6-49 37 YRS. DEAD 8-1	3 1985 P.M
RAIL Y ALL KALL	70 B	IRTHPLACE (STATE OR PREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY	OF DEATH
A SE SE		ALTIMONY MAD	U.S. H. WIDOWED DINORCED Baltimore City	MD
AY IS N THE FL AGE 5 FILED.		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION [IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS] 120. USUAL OCCUPATION (TYPE OF WORK IF FOR MOST OF WORKING LIFE)	26 KIND OF BUSINESS OR INDUSTRY
DELAY IS P TO THE FI V PAGE 5 BE FILED, DS 201 W	0	Baltimore	725 George St (court yard) MACHINIST	SLAGS CO
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E, MD. 21201 ATH. IF ANY DELA ATH. IF ANY DELA PM. 3. RETAIN PA ND 2 SHOULD BE F VITAL RECORDS.	14.F	ATHER'S NAME	15. MOTHER'S MAIDEN NAME	
DEATH. DEATH. DEATH. OF MIX	C	anas Farn	MIDDLE LAST FIRST WILLIAMS	LAST
PAGE ORM S 1	/ 160.	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO. VINFORMANT ADDRESS	
Sec	1 1	A	WAR OR DATES)	man Hillet
¥ 20000		III. CALISE OF DEATH (February	nly ane couse per line for (a), (b), and (c),)	APPROXIMATE INTERVAL
th Olive		PART I DEATH WAS CAUSE	DBY: Charlest Daniel of Head (magnetical)	BETWEEN ONSET AND DEATH
PRESTON CITIEN 24 CITIEN ITE AND FER ALL HOLE REMOVAL		IMMEDIA	TE CAUSE (a) Gunshot Wound of Head (unspecified) (DUE TO, OR AS A CONSEQUENCE OF	
MA STARTON		Canditions, if any, which		
27 2 2 C C C		gave rise to immediate couse (o) stating the under-		77-15
UTED IN PER EXAM		lying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	
S. S		SART S OTHER CICHICICANT CONDITIONS	(c)	
DIVISION OF VITAL RECORDS, 201 WITHIS CERTIFICATE SHOULD BE EXECUTED WE WARDED TO THE WORD "FENDING" IN PER WARDED TO THE "CHIEF MEDICAL EXAM PAGE 3 SHOULD BE USED AS A BURIAL." STATE DEPARTMENT OF HEATH AND MEN.	z	PART 2 UTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	
MELCALL CREC	MEDICAL CERTIFICATION	190. DATE OF OPERATION	199. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
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SET PER	ME	i	STREET FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	NTY STATE
DIV E, THIS C E, WRII RWARD F PAGE STATE (- 1	AT WORK AT WORK	Court yard 723 George Street, Bartimore, Ma	ryland
ER: THI ORWA DR: PAC DR: PAC UD, 21;		220. I certify that I taak charg	ge of the remayns described obove, held an 🔝 Autopsy 💢 , Inspection 🗔 . Inquiry 🔲 , and in my opi	nion
EXAMINER: CERTIFICATE ULD BE FOR WITH THE SAMARYLAND,		death resulted from: Notu	Accident , Sweide , Homicide W Undetermined monner .	
WIT WIT WAR		10.	TITLE (SPECIFY)	
A H D D A F H N N N N N N N N N N N N N N N N N N		SIGNATURE COLLUL	M.D. Assistant MEDICAL EXAMINER SIGNED	8-14-85
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TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FO FUNERAL DIRECT A TER DEATH, WITH TI BALTIMORE, MARYLAH	4-		nis F. Smyth, M.D. ADDRESS 111 Penn St., Balto., Md	1. 21201
57.25.48	23a.	WHAL, CREMATION, REMOVAL	23b DATE 23 NAME OF CEMETERY OR CREMATORY 23d LOCATION & POUNT	Y GATATE /
07/84 BP	1/0	JUKIA!	0 40-83 MY OULDS 11EM, 1ANK 124/10, CO.	11/04
25M DHMH - 17	24. 1	UNERAL DIRECTOR	P. ADDRESS A D. L. A. T. O. BANGER S. S. REGISTRANS S. REG	- MATURE
(VR A15 ME (5))		bseon 1.	KUSS 222 WINDITH HUG	



	1.	FOR	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL	Liygishe 2	2 5 3
246100	1	STATE REGISTRAR Winfred	L. Farrar	CERTIFICATE OF DEATH	REG. NO	0.
n /		CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26 HOUR
by be death death		Winf	red I.	Farrar	2	8-27-85 1:05PM
me po	3. SE	X	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRT	THOAY] IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
or o		Male	WhiTe	12 07 15	- / //	YRS
1 11 83		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COULD	MARRIED NEVER MARRIED WIDOWED DIVORCED	1 000	enore City MD.
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	13o.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUP Daryland ====	COTHER INSTITUTION GIVE RESIDENC	R TOWN 13d INSIDE CITY LIMIT LIMITE YES NO	3901 5	- B 576eeT 21225
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××××××××××××××××××××××××××××××××××××××	160 \	VAS DECEASED EVER IN U.S. AR YES, NOOR UNKNOWN] (IF YES, GIV NO	MED FORCES? 166 SOCIA (E WAR OR DATES) 225~	03-7243 Katherine	H. Farrar S	Same as 13e
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N. The law rysican. rysican. rocate has bee harming permit Hygiene pring 8 shaws any	CERTIFICATION	190 DATE OF OPERATION		vhich operation was performed	200 AUTÓPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
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s te st o te	MED	21d. INJURY OCCURRED WMILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, C		CITY OR TOV	WN COUNTY STATE
attendin spital or CTOR: Afi Ifor use o . of Health		22a. I certify that (I) (this haspi saw the deceased alive an abave, (I) (we) (did) (did no	the said		nion death accurred on the do	te and haur and from the causes stated
PITAL OR A by the hoss by the hoss by the hoss be detached State Dept.	/	Marty S	Anen	DEGREE ATTENDITE PHYSICIA	NG MEDICAL STAF	
TO HOSPITAL retained by 1 TO FUNERAL should be deal MPORTANT;		Martin C	9. Guer	ero 36015	o. Hanover 87	Salti, mo
BP	23a E	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	236 DATE 8/30/85	Cedar Hill Cemete:	ry Balto	A.A. Md
DHMH - 16 50M 1/81 (VRA 15, 4)	24 Ft	eorge J. Gonce	4001 Ritchie	Hewy Balto Md	ALIG 2 Q 1085	256, REGISTRAR'S SIGNATURELES

140	FOR - STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENES 2 2 !	5 4
	ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 26. HOUR
deoth deoth	JOSEPHINE	A.	FAUVER	8 29	85 7:45 M
3.5	EX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF U	NDER 1 YEAR IF UNDER 24 HRS
	(emale	white.	DOC 2.1934	F O YRS.	THS DAYS HOURS MIN.
8 Za	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR		BATTMORE CITY OR COUNTY OF	DEATH
34 M	aryland	USA	WIDOWED DIVORCED		t.u MD.
10 0	CITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
340	Baltimore	St. AQUEL 1	Hospital		ieweleru
1/5U	JAL RESIDENCE LIF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEI	ORE ADMISSION)		Jewerery
See See	Maryland Bal	timore Baltir		130 STREET ADDRESS / ZIP CODE 714 S. Beechfie	Pd Aug 2122
	ATHER'S NAME	chinore journa	15 MOTHER'S MAIDEN N		La Ave 2122
5	FIRST	MIDDLE LAST	Alice F	MIDDLE	LAST
8 160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE		ADDRESS	
	(YES, NO OR UNKNOWN) (IF YES, GIN	E WAR OR DATES)	Thomas F	714 S. Beechfie	Pd Aug 2122
r ather traumatic event, t	PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSECTION OF AS	DULMONARY A DUENCE OF TIC - RENAL	FAILURE SCINONA STONACH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO.				RMINAL DISEASE OR CONDITION GIVEN	
1				LMINARY DISTAR	
S shows ony injur	8 23 65	Carcinon	ch operation was performed stom relu	200 AUTOPSY? 20b. IF YES, WIN CERTIFYIN YES VES VES	VERE FINDINGS USED IG CAUSES OF DEATH?
AL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	TH HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18 PART	OR PART 2)
ked or he	(IF EITHER NOTIFY MEDICAL EXAMINED 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
of Health	22a f certify that (1) (this hospi	tal) attended the deceased from	C. Part	on death accurred on the date and hour on	, that (1) (we) last
# Hem	226 SIGNATURE	A - MD	DEGREE ATTENDING	MEDICAL STAFF	220. DATE SIGNED

22e ADDRESS

234 NAME OF CEMETERY OR CREMATORY

AGNES

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT

24 FUNERAL DIRECTOR Ambrose Funeral Home 1328 Sulphur Sp.

9/2/85

SHAM

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BUTIAL

Loudon Park Cemetery Baltimore City Maruland

Sulphur Sp. AUG 30

HOSPITAL

BALTO MD 21229

01-1943

- Min

SOUTH LAND - STABLE

MALLET WINDS THE STRAFF OF

The same of the sa

Нув ö

DIVISION OF VITAL

FOR - STATE REGISTRAR

I. DECEASED NAME

Maryland

Baltimore

14 FATHER'S NAME FIRST

CERTIFICATION

MEDICAL

Female

To BIRTHPLACE ISTATE OF FOREIGN

CITY OR TOWN OF DEATH

(TYPE OR PRINT!

3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Fee

5 DATE OF BIRTH

100

W	REG. N	141			1	
	20. DATE OF DEATH	MONTH 08	10	YEAR 85	26 HOL	
	6. AGE (IN YEARS LAST B	RTHDAY)	IF UN	DER I YEAR	IF UNDER	24 HRS
_	71 9 BALTIMORE CITY	YRS	The second residence in the second	DEATH		

5131 Westland Blvd. 21227

CITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9
U.S.A.	WIDOWED	DIVORCED	
NAME OF HOSPITAL NURSING	G HOME OR OT	HER INSTITUTION	12

17 INFORMANT

Baltimore City TYPE OF WORK FOR MOST OF WORKING LIFE

13e STREET ADDRESS / ZIP CODE

MIDDLE

Homemaker

12b. KIND OF BUSINESS OR INDUSTRY

and a		J
JUAL RESIDENCE	(IF NURSING HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSIONS
IJa STATE	HJb COUNTY	13c CITY OR TOWN
Maryland	Baltimore	Arbutus

Thelma

Arbutus

LAST

St. Agnes Hospital

Chrysta.

MIDDLE

May

Caucasian

7b. CITIZEN OF WHAT COUNTR

15. MOTHER'S MAIDEN NAME Viola

1913

LAST (UNKNOWN) ADDRESS

> 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

> > YES [

Stanley 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) NO

16b. SOCIAL SECURITY NO 217-22-1534

Keithley Road 21162

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c PART I. DEATH WAS CAUSED BY. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF

underlying couse lost.

19a DATE OF OPERATION

URY

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF IN. HOUR A.M.
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.
ALL DUDING COLUMNS	01 01 1 05 05 11

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MONTH DAY YEAR

21e PLACE OF INJURY 21d INJURY OCCURRED (AT HOME STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE

21f. LOCATION CITY OF TOWN COUNTY

20a AUTOPSY?

NO

AT WORK 220 I certify that (1) (% intended the deceased from sow the deceased alive on ___ above, (1) (we) (did) (did not) view the body after death

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

ATTENDING PHYSICIAN 22e ADDRESS

STAFF PHYSICIAN . DIRECTOR

STATE

Dr. David Jung

230 BURIAL, CREMATION, REMOVAL SPECIFY Aug 14 1985 Burial

231 NAME OF CEMETERY OR CREMATORY Crestlawn Cemetery

DEGREE

23d LOCATION Marriottsville Howard Maryland

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTAN

Hubbard Funeral Home, Inc. 4107 Wilkens Avenue

CTC1 Et C1 (1220-11)

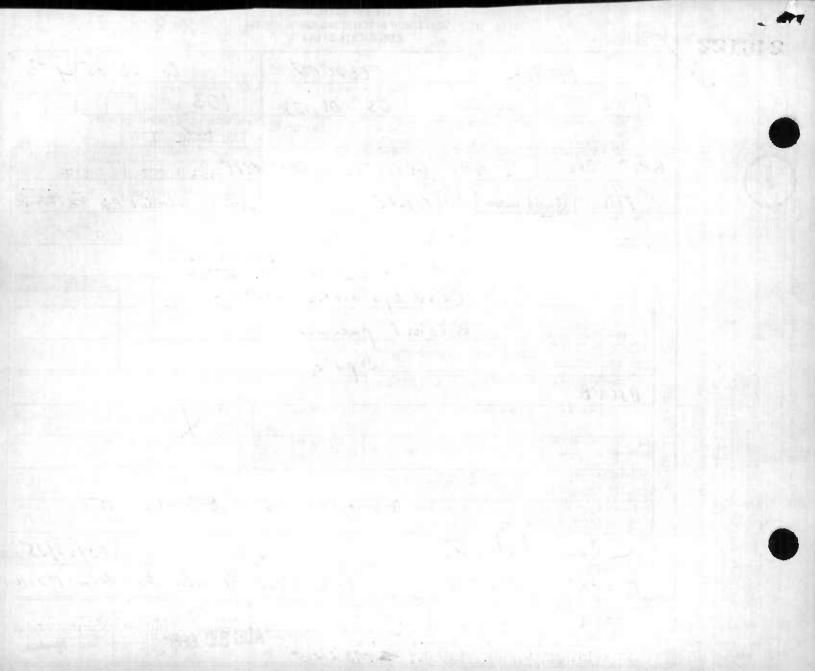
	de
MARYLAND 21201	d within 24 hours after de
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de retained by the hospital or attending physician.
OF VITAL RECORDS, 201 W.	ICIAN: The law requires that ig physician.
DIVISION	TO HOSPITAL OR ATTENDING PHYSICIAN: The interiored by the haspital or attending physician.
	TO HO:

		FOR	DEPART		AARYLAND I AND MENTAL HY	dent of	215	6
FC	1-	STATE REGISTRAR	PLI ARI		E OF DEATH	REG. NO).	ģ
56,		SED NAME FIRST	WIDDLE	LAST	,	2a. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
i		MARG		FELDI		Au		19:NA 4
27	1. SE)	FEMANE	CAMASIAN	5. DATE OF BIRT	8 1902	6. AGE IN YEARS LAST BIRT	HDAY) IF UNDER LYEAR MONTHS DAYS	HOURS MI
27		OUNTRACE (STATE OR FOREIGN OUNTRACE)	ND WSA	WIDOWED A	DIVORCED		COUNTY OF DEATH	TY
190)° %	AVTIMOR 5	11. NAME OF HOSPITAL, NURSING UP NOT IN SUCH FACILITY. GIVE STREET	NG HOME OR OTH TADDRESS! IN GERIATI	PIC HOSPITAL	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF SECRETAR	WORKING LIFE) INDUSTRY	OF BUSINESS O
35	13a. S	TATE 13b, COU	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 135 CITY OR TOV	-1/m	VSIDE CITY LIMITS?	13 STREET ADDRESS /	A Dm	30
200	M. FA	THER'S NAME / FIRST JOSEPH	J. MILLE		ÖTHER'S MAIDEN NA FIRST SARAH	ME MIDDLE RUTH	LA	AYOVER
Poger		(AS DECEASED EVER IN U.S. AI ES, NO OR UNKNOWN) (IF YES, GI		URITY NO. 17. IN	FORMANT EN	MANUEL MILLE CHAEL LA. R	Ŕ	
permit. Then please retent to burial, crem	CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO			200 AUTOPSY?	20b. IF YES, WERE FINDI	NGS USED
	5							
Hygiene 18 short	GE	21a. ACCIDENT WAS UNDERLYING		AY YEAR 21c	HOW INJURY OCCUR	YES NO	YES	NO
or frem 18	MEDICAL CER	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	HOUR A.M. MONTH D	19 211 (HOW INJURY OCCUR	100	YES	
Mental Hy		OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (this hosp saw the deceased office.)	ATH HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE) intal) attended the deceased from 19	19 PARM, ETC.)	OCATION STREET , 19	RED (ENTER NATURE OF INJUR	YES TEN HEM 18 PART 1 OR PART 2) VIN COUNTY 3 19	NO STATE
erdined for use on the condition of the Dept. of Health and Mentile 18.		OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that this hosp saw the deceased olive or above, (We) (did). 22b. SIGNATURE	ATH P.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE) intal) attended the deceased from 19 in view the blody after death.	FARM, ETC 1 211. I	OCATION STREET . 19 in (aur) apinion E ATTENDING PHYSICIAN	CITY OR TOW death accurred on the do	YES TO THE TOTAL T	NO STATE
ched for use as the burial-trailies, sept. at Health and Mental Hy Hem 21 is marked or them 18	MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AL WORK 22a. I certify that 32 (this hosp saw the deceased alive or above, when I did it.)	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE) (AT HOME, STREET, FACTORY OFFICE) (AT HOME STR	FARM, ETC.) 211 1 FARM, ETC.) 211 1 DEGREE 1222.	OCATION STREET 19 10 10 10 10 10 10 10 10 10 10 10 10 10	CITY OR TOV	YES TON HEM 18 PART 1 OR PART 2) VN COUNTY To and hour and from the 22cc DATE	STATE that (we) le

Asia agranting the same of the

AND THE RESIDENCE OF THE PARTY OF THE PARTY

		STATE OF MARYLAND	2 20 1
***	FOR	DEPARTMENT OF HEALTH AND MENTAL HYG	IENES 22!5/
040499	STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
246122	I. DECEASED NAME EIRST	MIDDLE LAST	26. DATE OF DEATH MONTH DAY YEAR 26. HOUR _
· n= //	(TYPE OR DRINT)	FELDRAN	08 23 85 4 43
A 400 A	MAYER		
8 4 7	3. SEX	. I	6, AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
4 62	// ALE	WHITE OS OLIGIO	(US
P 2 P 2	70. BIRTHPLACE (STATE OR FOREIGN 76. CT	IZEN OF WHAT COUNTRY? 8.	9 BALTIMORE CITY OR COUNTY OF DEATH
of 722 th.	COUNTRY)	MARRIED NEVER MARRIED	BALTIMORE CITY
dec dec	DUSCIA 10 CITY OR TOWN OF DEATH 11. N	USA WIDOWED (X) DIVORCED	120. USUAL OCCUPATION 126. KIND OF BUSINESS OR
43 44 /4	BARTIMORE "	NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	LLYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
File File		SINAL HOSPITAL OF WALL	PHARMACIST DRUGS
d d in	USUAL RESIDENCE (IF NURSING HOME OR OTHER 136 STATE	INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODEAPT . 801 21215
Buld Buld	MA Aureria	HAVE BACTIMORE YES NO	2500 W. Beliedere five 801 14215
rely shine ine	14 FATHER'S NAME	15. MOTHER'S MAIDEN NA	ME /
A 3 op	EIRST MIDDLE	ERT DMAN DECCTE	UNKNOWN
W. Berry	LOUIS 16n WAS DECEASED EVER IN U.S. ARMED F	FELDMAN BESSIE ORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ATTE	
MORE or and c	(YES, NO OR UNKNOWN) (IE YES, GIVE WAR	OR DATES) MRS.	DEANNE R. KATZ
TIM Page 1	NO	186-18-3743 3 HARROW CT	#21208
, BALTIMORE	18 CAUSE OF DEATH (Enter only one	cause per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy phy went	PART I. DEATH WAS CAUSED BY:	ISFIN Cardio pulmonary at	VLVI.
N S Cer cer cer riba			
PRESTON ne death c ne attendir pmaye carit matian, ar r traumatic	Conditions, if any, which	by Bicaker pheumonia.	
Trough de	gove rise to immediate	(6)	
. = = = 0 0	cause (a), stating the underlying cause last.	UE TO, OR AS A CONSEQUENCE OF	
201 W red by please urial, cr	(1c) 35 11/4.	
	PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PART 11a
RECORDS. law requir us been sig ermit. There e prior to be sony injur	of HJCOD;		
Pring on y	S 190 DATE OF OPERATION	% CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? / 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
hos ows	臣		YES NO YES NO
N T N N N N N N N N N N N N N N N N N N		16. TIME OF INJURY 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR P.M. 19	
DIVISION OF ING PHYSICIA To aftending pi When this certif To as the burial- The and Mental The and Mental	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 2	1. PLACE OF INJURY 211. LOCATION	
G PH G PH attent s the t		AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET	CITY OR TOWN COUNTY STATE
DING or of of other of the mark	AT WORK AT WORK	0 0 1 1 1 1	A-S-4/17
Z - S S S S S S S S S S S S S S S S S S	22s 1 certify that (1) (this hospital) a		to 19 (l) (we) lost
Spite CTO of of	sow the deceased alive an above, (1) (we) (did) (did not) view	the body ofter death.	death occurred on the date and hour and from the causes stated
OR A DIRE	226. SIGNATURE	DEGREE	27c. DATE SIGNED
	Mican IV	VI ATTENDING PHYSICIAN P	MEDICAL STAFF DIRECTOR PHYSICIAN 08/03/85
HOSPITAL ned by the FUNERAL slid be det the State	228. PHYSICIAN'S NAME (TYPE OF PRINT	22e. ADDRESS	0 0 1 0 0 01
O HOSPITAL etained by the TO Funeral TO Funeral should be det with the State	MILAN W	11 TER 2435 Wess	L Be lucture for Brito: MD 2/2/1
TO HOSP retained to TO FUNE should be with the 56	23a. BURIAL, CREMATION, REMOVAL 23b	DATE 23¢ NAME OF CEMETERY OR CREMATORY	123d LOCATION
	(SPECIEV)	8-25-85 HAR ZION	CITY OR TOWN COUNTY STATE
BP			COLLINGDALE DELAWARE PA
DHMH - 16 50M 4/83	24 FUNERAL DIRECTOR SOL LEVI		AUG 3 PEN 1985 SER REGISTRAR'S SIGNATURE
(VRA 15, 4)	6010 REISTERSTOWN	RD., BALTO., 15 MD 2/2/5	0



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 227022 FICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE KNOWN X MONTH 75 HOUR MARY, P. A. DIRECTOR. A. YOUR FILES. THIN 72 HOURS STREET, (TYPE OR PRINT) ESTI-DEATH MATED HARRY 8-8 -85 4 RACE DATE OF BIRTH IF UNDER 24 HRS 2d HOUR 20 DATE MONTH LAST BIRTHDAY) DAY PRONOUNCED DEAD 8-8 -85 111:49FMale White Aug. 2, 1928 19 THE BETHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) Baltimore City WIDOWED DIVORCED Maryland U.S.A. 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE Scott Key Medical Center Baltimore Steelworker Steel Co 13a. STATE 138 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore Dundalk 8236 Cornwall Rd 21222 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 18. GIVE PAGES I S WITH FOR AIT. PAGES I E, RIVISION OF EIRST LAST MIDDLE LAST Anthony Fenloch Frances Muzzen 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) 1 (IF YES GIVE WAR OR DATES) 220-20-4049 Marcella M. Fenloch 8236 Cornwall Rd CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ruptured abdominal aortic aneurysm DUE TO, OR AS A CONSEQUENCE OF ED AS A BURIAL - TRANSIT I HEALTH AND MENTAL HYG Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 190. DATE OF OPERATION USED / 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? EXECUTE THE CERTIFICATE, WRITING THE WORD," PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY 22a. I certify that I taak charge of the remains described above, BODY ONLOSS and in my apinion Natural couses X death resulted from: Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE 8-9-85 Assistant SIGNATURE Margarita A. Korell, M.D. 111 Perin Street EXAMINER'S NAME (TYPE OR PRINT) **ADDRESS** 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY (SPECHY) STATE Loudon Park Mausoleum Reco By Registrar 230 Registrars Sich 07/84 BP Entombment Maryland 25M 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) Duda-Ruck Funeral Home of Dundalk, Inc

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMONE

232031

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT !! HYSIENE

22

		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0		36.
		CEASED NAME	FIRST	A	MIDDLE	i	AST	20. DATE OF DEATH		Y YEAR	2b HOUR
ij	(TYPE	OR PRINT)	Shirle	y Ar	nn	Ferg	uson	August 13	, 1985		2:30P _M
Ĥ	3. SEX	X		4. RACE		S. DATE C		& AGE (IN YEARS LAST BIR	THDAY) IF	UNDER 1 YEAR	
И	F	emale		WHIT	rE	JULY	29,1932	53	YRS	NIHS DAYS	HOURS MIN.
H		RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		FDEATH	
9		ENNSYLV	ANIA	U.S.	Α.	WIDOWE		Baltin	more Ci	ty	MD.
C	-	TY OR TOWN OF	DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND C	OF BUSINESS OR
2		altimore			Jand Gen		Hospital	Postal (.P.O.
C		AL RESIDENCE (IF	NURSING HOME OF		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE	APT	T-4
1		RYLAND	Α.	Α	GLEN BU	RNIE		7824 PARK	WEST	DR.	2106
V		THER'S NAME FIRST		MIDDLE	LAST		15 MOTHER'S MAIDEN N	WIDDIE		COLAÑ	ST
Ċ,	-	HOMAS W					ANNA	J.		CLAN	
5		VAS DECEASED E		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	(DAUGHT)	ER)		SAME A
7	N	10	N/A		219-28-	-5347	MRS. S. D	AWN COUZAI	ONITI		13
ď		18 CAUSE OF DE	EATH Enter or	nly one couse per	line for (a), (b), one	dici				BETWEEN	XIMATE INTERVAL I ONSET AND DEATH
		PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hernation of the brain stem									
	173	DUE TO, OR AS A CONSEQUENCE OF									
		Conditions, if ony, which (b) Metastatic carcinoma of the right brain with								h ble	edina
		gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF									
1	13	underlying co		DUE TO, OI	R AS A CONSEQUE	NCE OF					
1		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN								V IN PART 1	(0)
	NO				Carcinoma of the lung.						
7	CAT	190 DATE OF OPI	RATION	196 CONDI	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			INGS USED
Ď	CERTIFICATION							YES NO NO			NO [
7	CER	210. ACCIDENT WAS		1100100 4		V VEAD	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2)	
7	JA!	OR CONTRIBUTING	hard	1111	m. Month da m.	19					
	MEDICAL	21d INJURY OCC		21e. PLACE	OF INJURY		211 LOCATION	CITY OR TO	Nachi	COUNTY	STATE
٩	Z	WHILE NO	T WHILE	(AT HOME, STR	REET, FACTORY, OFFICE, F	ARM, ETC.)	ZIKEEI	CHTORTO	WIN	COOKIT	STATE
		220 I certify tho	t (1) (\$\frac{1}{2} \text{Sexp}	attended the	e deceased from_	Augus	st 11, 19 85		13 , 19		. that (X (we) last
		saw the dec	eased alive on	August	13 19	85 or	nd that in Gy) (our) opinion	n death accurred on the d	ote and hour a	ind from the	couses stated
ì		226. SIGNATURE		view me body	oner deom.		DEGREE	Business .		22c. DATE	SIGNED
d		Musual W. Downhead m. D. ATTENDING PHYSICIAN PT						MEDICAL STA	FF CIAN [8/13	3/85
		22d. PHYSICIAN	S NAME (TYPE O	OR PRINT)			22e ADDRESS				
		Wilf.	red H.	Townsher	nd, Jr.,	M.D.	c/o Mary.	land General	Hospi	tal	
-17		SURIAL, CREMATIC	ON, REMOVAL	23h DATE	23c N	NAME OF C	EMETERY OR CREMATORY				
	(BURI	AL	AUG.17	.1985 GL	EN HA	VEN MEM.PK.	GLEN BURN		A MA	ARYLAND
	24 FL	JNERAL DIRECTO	R 4	Unl	1 -	1, 111	250. DA	ATE REC'D. BY REGISTRAR	25 REGISTRA	R'S SIGNAT	TURE
	SI		FUNERAL	HOME GI	LEN BURNI	E, MA	RYLAND AL	JG 1 5 1985	The Bar	Hdson-8	forton

DHMH - 16 60M 7/B4 (VRA 15, 4)

10	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	JENE 5 2	2 1 6 0
	CEASED NAME FIRST MARY	MIDDLE	FICKUNC	20 DATE OF DEATH	WONIH DAY YEAR 26 HOUR 3:20pm
3 SE	FERNIE	NEGRO	5. DATE OF BIRTH MONTH DAY 11 1905	6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN. YRS
7 700 B	IRTHPLACE (STATE OR FOR CON COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF	COUNTY OF DEATH
3.63	AU MORE	LIF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS) WE'RN INVITAL	120 USUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN			30 7 K DJ	ZIBCODE & RAVIZZO
A A	ATHER'S NAME 18 PRST ND VN	MIDDLE GONDON	Coffing B	MIDDLE	LAST
	WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU	17 INFORMANT	WILKINS	BURKALO NILY
emoval.	PART I DEATH WAS CAUSE	oly one cause per line for (a), (b), and D BY:	FAIWNE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Gher traumatic	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUI	MO Dishels re	lluho	12.
Injury, or	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PART 110
8 shows any in	90 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
14	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		21¢ HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR	VINITEM 18 PART I OR PART 2)
Ared of hy	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE F	ARM ETC.) 211 LOCATION STREET	CITY OR TOV	VN COUNTY STATE
21 # mo	saw the deceased alva an abave, (1) (1) (1) (1) (1)	of ottended the deceased from	21 09 19 83 , and that in (n/) (aur) apinian	, to 30 My death accurred an the da	. 19 , that (I) (Se) last te and haur and fram the causes stated
T. If Sen	22b. SIGNATURE	and the second	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	PAN DATE SIGNED
STAN	22d PHYSICIAN'S NAME THEO		22e ADDRESS		

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

23a. BURIAL, CREMATION, REMOVAL

BUNINC

9-5-85

23b. DATE

23d LOCATION MYAUDURN

23c. NAME OF CEMETERY OR CREMATORY

BY REGISTRAR 256 REGISTRAR'S SIGNATURE
1985 Julia Davidson-Mandale SEP 3

20 DATE OF DEATH DECEASED NAME (TYPE OR PRINT) AUG. 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COLINTRY BATIMORE DIVORCED WIDOWED Maryland 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY NORTH Collection Mang. OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION la STATE 13. STREET ADDRESS / ZIP CODE MILLEDRA MILL RA 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE 1A5 MIDDLE FIRST Russell McCann Katie Fletcher ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT Charles Fisher 109 Enchanted Hill Rd Apt 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY SEPSIS IMMEDIATE CAUSE 10) DUE TO, OR AS A CONSEQUENCE OF Occursion Conditions, if any, which gove rise to immediate couse (o), stoting underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION DISORDER SEIZURIE 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? OCCUPION OF CORINE 71m ACCIDENT WAS UNDERLYING 21h TIME OF INJURY ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from. sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 225 SIGNATURE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN ld b Charles G.m. Hosp. 2 0 231 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 73b DATE (SPECIFY) ITY OR TOWN Howard

8-6-85

Burgee-Henss funeral Home 3631 Falls Rd 21211

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE 3

CERTIFICATE OF DEATH

Meadowridge Mem. Park

Dorsey

250 DATE REC D. BY REGISTRAR 250 REGISTRAR S SIGNATURE AUG 6 1085 Fulla Davidson Andrea

REG. NO.

25 HOUR

IF UNDER 24 HR

985

Hechts

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

STATE Md

221. DATE SIGNE

220018

- STATE

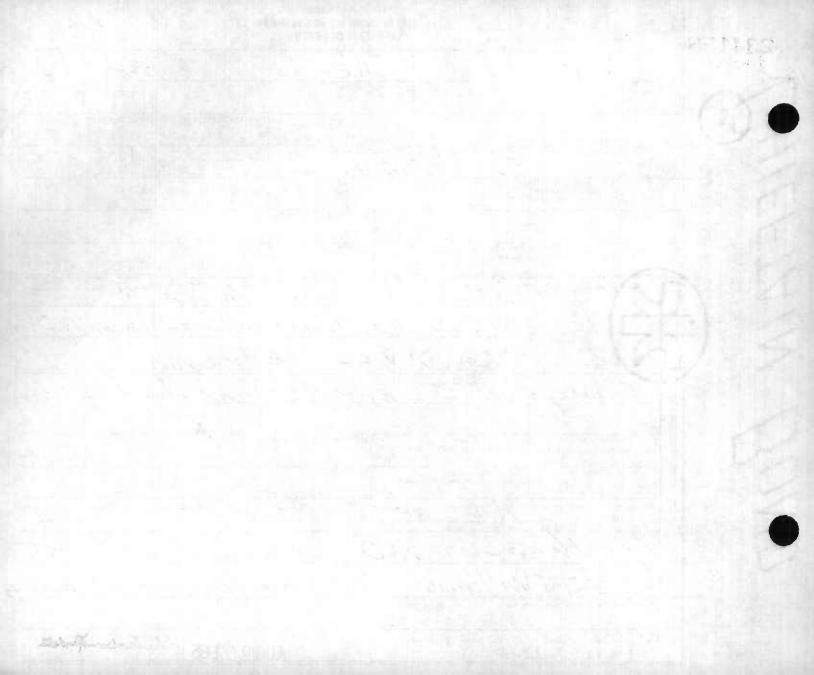
REGISTRAR

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

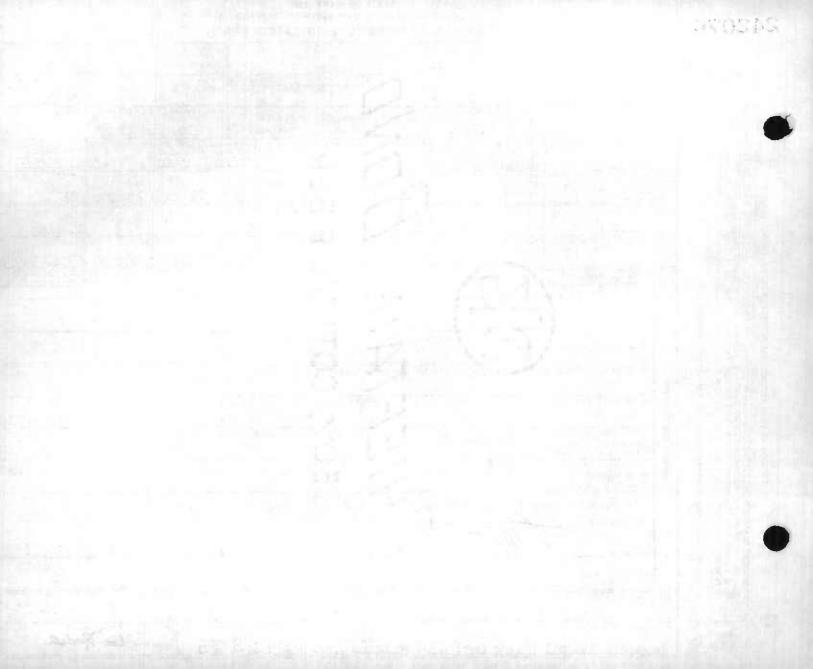
24 FUNERAL DIRECTOR

STATE OF MARYLAND



242000	1	FOR		D	EPARTMEN	IT OF HEALT	H AND MENTALH	YGIENE O	2 1 6	
242076	1-	STATE REGISTRAR		MED	ICAL EXA	AMINER'S	CERTIFICATEO	F DEATH " REC	G. NO.	
		CEASED NAM	E FIRST		MIDDLE		LAST	20. DATE KNOW	N X MONTH	DAY YEAR 26 HOUR
MD. 21201 H. IF ANY DELAY IS NECESSARY, PLEASE 2. AND 3 TO THE FUNERAL DIRECTOR. 4.3. RETAIN PAGE 5 FOR YOUR FILES. 2. SHOULD BE FILED, WITHIN 72 HOURS. ALRECORDS 201 W PRESTON STREET,	(JYF	E OR PRINT)	Dogo		C.	177	i chor	OF ESTI-		26/19 85 A
E SUE SUE	3 SEX	(Rose 4. RACE	IS. DATE OF BIRTH		GE (IN YEARS IF L	'isher JNDER 1 YR. HE UNDER		MONTH .	
REC H	177	omala	Tills i be	MONTH DAY		ST BIRTHDAY) MON		MIN PRONOUNCED	0.4	DAY YEAR I HOUF
TO NOT TO		emale	White	8 16		96 YRS.		DEAD		26/19 85 P M
NASE STATES	FC	REIGN COUNTRY)				8. MAR	RIED NEVER MARRI		-	
AN A		aryland		U.S.A		WIDO		ED 🗆 Baltim	ore City	, MD
SE PER SE	10 C	ITY OR TOWN	OF DEATH	11. NAME OF HOSE			THER INSTITUTION	120. USUAL OCCUPATION	TYPE OF WORK 12	76. KIND OF BUSINESS OR INDUSTRY
A PAR S		Baltim	ore	2609 Wi				Line Worker		Food Pickel
SE S		AL RESIDENCE		OR OTHER INSTITUTION GIV	E RESIDENCE BEFOR	E ADMISSION)	Lea Laurence estru constru			Co.
21201 AND AND AND AND AND AND AND AND AND AND		aryland	136 COUN	ITY	Balt:	imore	13d INSIDE CITY LIMITS? YES TO 1	2609 Wilker	ac Arronize	e 21223
SH SH		ATHER'S NAME) Darc.	THOLE	15. MOTHER'S MAIDE		is Averiue	3 21223
S I NO 2		John		MIDDLÉ	LAST		FIRST	MIDDLE		LAST
S SSS	27 1		D EVER IN U.S. AR	1150 500 5550	Sle		Pau]		Decc	Schling
TIMO FOR FOR		ES, NO, OR UNKNO		WAR OR DATES)					RESS	
BALTIM JRS AFTER 3. GIVE PA WITH FOR T. PAGES I DIVISION		NO				5-9623	W. Lloyd	Fisher 226 E	Brackenwo	od Ct. 2109
W. 88.		18 CAUSE C	F DEATH (Enter on	ly one cause per line	far (a), (b), and	(c).)			1112000	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IN 24 HOUF IN 124 HOUF IN 1EM 18. ? ALONG W. SIT PERMIT. HYGIENE, D.		PARTIDE	ATH WAS CAUSE	D BY: TE CAUSE (a) Ar	terioso	clerotic	Cardiovasc	ular Disease		
OV.			***************************************		AS A CONSEQU					
ER HER			ns, if any, which							
A TINE A STAN			se to immediate stating the under-		AS A CONSEQU	IENCE OF				
201 W. PRE UTED WITHI IN PENCIL I EXAMINER I.AL - TRANS O MENTAL P		lying cau		1 302 10, 011	NO A CONSEGN	DETACE OF				
S DE LEZE		DADI 2 OLUFB CI	Chillicant consistions	(c)	NY 1107 DEL 1700 DE					
RECORD D BE EXE RENDING MEDICA AS A BI CREMA	z	PART 2 OTHER ST	DUILICANT CONDITIONS	COMINIBULING TO DEXTH B	UI NUI KELAIED IU	THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PAI	RI) (a)		
MELNE AS AS CRI	MEDICAL CERTIFICATION	10 0 175 05	OPERATION	1						
SHOULD ORD "P	S	190. DATE OF	OPERATION	196. CONDIT	ON FOR WHIC	HOPERATION	WAS PERFORMED?			20 AUTOPSY?
SIVISION OF VITA SERTIFICATE SHO RIED TO THE CHIE E 3 SHOULD BE US E DEPARTMENT OF DIPRIOR TO BURK	TIF					74.45				YES NOXX
NOW THE THE	8	UNDERLYING	L CAUSE WAS	216 TIME OF HOUR A.M.	MONTH DAY	YEAR 21c.	HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART	2)
SION TO THE THOUSHOU	N N		NG CAUSE OF			19				
/ISI	Ē	21d. INJURY C	CCURRED		FINJURY (AT	HOME, 211. L	OCATION		LOT V	
DIVIS THIS CER ; WRITIN WARDED PAGE 3 S STATE DEP	E	WHILE AT WORK	NOT WHILE	STREET, PACTO	DRY, FARM, ETC.)		STREET	CITY OR TOWN	COUN	TY STATE
D THIS E, WR EWARI		AT TO ALL	AT TORK							
MAN SHE	M	22a I certi	fy that I taak charg	e of the remains desc	ribed above, he	eld an Auto	spsy , Inspection	n . Inquiry K.	and in my apin	ian
YE RESERVE		death result	ed fram: Naty	rateoules X.	Accident	, Suicide L	, Hamicide	Undetermined manner		
AK WEEK				In	/		TITLE (SPECIFY)			
A H A A A A A		SIGNATURE,	1	10			M.D. Assistan	T MEDICAL EXAMINER	DATE SIGNED.	8/26/85
DIC TE T TE T A SF A SF A SF		EVALUE IEDIC								
A D A E E		EXAMINER'S (TYPE OR PRI	NT) Gre	gory R. Ka	uffman	M.D.	ADDRESS 111	Penn St.		
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, I PAGE 4 SHOULD BE FORW. TO FUNIEAL DIRECTOR: PAFTER DEATH, WITH THE STABALTIMORE, MARYLAND, 21	23 o. B	URIAL, CREMA	TION, REMOVAL	4			OR CREMATORY	236. LOCATION CITY OR TOWN		
07/84 BP	(:	PECIFY)	Burial	8/29/85	Loud	on Park	Cemetery	Baltimore	COUNTY	Maryland
25M	24. FI	UNERAL DIREC			TLOUG		250 DATER		REGISTRAR'S SIG	
DHMH - 17 (VR A15 ME (5))	7.	NAME	D	ADDRESS	4107 -	2122	29		a Davidson	
(AV VIO WE (2))		uppard	runeral	Home, Inc.	410/	Wilkens	Ave. AUD	Z 0 1900 7 ~~		

STATE OF MARYLAND



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	-	DEP	
100	NO		

1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	O.			
	DECEASED NAME FIRST	MIDI	DIE	· ·	AST	20 DATE OF DEATH	MONTH DAY	YE AR	26 HOUR	
1	RUTH	Viola	F	ISHE	R	AUGUST 8	. 1985		8:03 M	
3	SEX	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF L	INDER I YEAR	IF UNDER 24 HRS	
	Female	White		Apr	011	59	YRS	12	HOURS MIN.	
77.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	HAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O		DEATH		
7	Maryland	U.S.	A.	WIDOWE	-	BALTIMOR	E CITY		MD.	
75	CITY OR TOWN OF DEATH		SPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ON		F BUSINESS OR	
9	BALTIMORE	JOHNS I			PITAL.	Secretar		INDUSTRE		
一	SUAL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIV	E RESIDENCE BEFORE	ADMISSION)		13e STREET ADDRESS	7ID CODE			
2	Maryland Cari	coll W	loodbin		YES NO X	6600 Woo	dbine	Rd.	21797	
11	FATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM					
			rrison		Mary	Elle	n	Ď	ау	
2 1	60 WAS DECEASED EVER IN U.S. AR	MED FORCES? 16	SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE				
-	No No	2	220-18-	3313	Thomas S.	Fisher, S	ame As	#13		
F	18 CAUSE OF DEATH (Enter or	APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH							
1	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) AS US FOR								nemotes	
	DUE TO, OR AS A CONSEQUENCE OF							-	1	
	Canditians, if any, which	(1b)	Septic shock					30	lays	
	gave rise to immediate couse (a), stating the	DUE TO, OR A	S A CONSEQUE	NCE OF	0				lays o week	
	underlying cause last.	((0)	HHP	Ica	(precen	conia		700	o locac	
	PART 2 OTHER SIGNIFICANT (CONDITIONS CON	TRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	0	
H	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	Link CONDITIO	DN FOR WHICH	ODERATIO	N WAS PERFORMED	20a AUTOPSY?	120b IF YES, W	EDE EINID IN	ACC LICED	
	DATE OF OPERATION	148 COMPINE	JN FOR WHICH	OPERATIO	N WAS PERFORMED		IN CERTIFYIN	IG CAUSES	OF DEATH2	
-	210. ACCIDENT WAS UNDERLYING	21b. TIME OF I	NILIRY		21c HOW INJURY OCCURR	YES NO	YES [NO N	
$n\nu$	OR CONTRIBUTING TO CAUSE OF DE	HOUR A.M.	MONTH DA		THE FIGURE ASSOCIATION OF COMM	(ENTER MATORE OF 114)0	KT IN ITEM TO PAKE) OR FART 2)		
	(IF EITHER NOTIFY MEDICAL EXAMINES	P.M.	INTERY	19	21f LOCATION					
	MHILE NOT WHILE		FACTORY, OFFICE F	ARM ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE	
1		220 1 certify that (1) (this haspital) attended the degeosed from Suly 26 1985, to August 8, 1985, that (1) (we) ast								
1	sow the deceased alive on	sow the deceased are on from the causes stated								
1	abave (1) we (did) did no	t) view the bady aft	ter death.		DEGREE			22c. DAJE	SIGNED	
	(Aprilio	wither	0		MO ATTENDING PHYSICIAN	MEDICAL STA	FINE	18/8	105	
1	22d. PHYSICIAN'S NAME (TYPE C	R PRINT)			22e ADDRESS				PAITA	
	R KOUBE	NOFF			JOHNS	HOPKING	s Hos	PITH	1 402110	

23c NAME OF CEMETERY OF CREMATORY
Morgan Chapel

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Charles W. Burrier, Jr., Sykesville, Md.

23h. DATE 8-11-1985

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23d. LOCATION CITY OF TOWN

Carroll, Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

while the first of the reference to be sufficient.

£ ...

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO FASED NAME 70 DATE OF DEATH MONTH 7h HOUR 13 GERALDINE 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 5. DATE OF BIRTH YEAR F EMALE HITE MONTH 1702 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED RISSTA USA WIDOWED XX DIVORCED BALTIMORE CITY 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IO. CITY OR TOWN OF DEATH 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE HOUSEWIFE AT HOME SINAI HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13g STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? BALTIMORE YES XX 400 GLENGYLE AVE MARYLAND NO 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME LAST SAPPERSTEIN LEE SEIDLER FREIBUSH 17 INFORMANT DR. STANLEY HERR 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. LYES NO OR UNKNOWN HE YES, GIVE WAR OR DATEST 13 VELVET RIDGE DR. OWINGS MILLS, MD 21117 220-42-9875 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ASYSTOLE and 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY CARDIAC ARREST - MORTAL V. ARRYTHMIA. MINUTES- HOURS IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF DAY5 MYOCARDIA INFARCTION Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 22a.1 certify that (1) (this hospital) attended the deceased fram. saw the deceased alive on 8/13/ .19 8 Y , and that in (my) (our) apinion death occurred on the date and have and from the causes stoted abave (1) (we) (did) (did not) view the bady after deoth. DEGREE 22c DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS SINAI HOSP 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) BURIAL AUG.15,1985 CHIZUK AMUNO BALTIMORE 14 FUNERALDIRECTOR SOL LEVINSON & BROS .. INC. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 when were done the months AUG 2 0 1985 (VRA 15, 4) 6010 REISTERSTOWN RD. BALTO. MD 21215

Manager IVIII Garage THE RESERVE OF THE PROPERTY OF White and white the same of the last

W. PRESTON ST.,

DIVISION OF VITAL RECORDS,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

3	1	FOR STATE REGISTRAR	ñ. L	DEPARTMENT OF CERTIF	HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	6 /
		ORPRINT) JOYCE		M. F/	eming	8 24/85	219 PM
1	3. SEX	Eemal		asian' 9	OF BIRTH YEAR ST	29 YRS	FUNDER I YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
2	C	RTHPLACE (STATE OR FOREIGN COUNTRY)	U. S	S. A. WIDOW		P. BALTIMORE CITY OR COUNTY OF COUNT	imore MD.
2	Ba	6 64	STALL	HOSPITAL, NURSING HOME THEACHITY, GIVE STREET ADDRESS)	ITAL	(TYPE OF SECTE CLARY ORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY Auto
5	Ma Ma	and J Control	ROTHER INSTITUTION NTY I MOTE	GIVE RESIDENCE BEFORE ADMISSION INC. CITY OR TOWN OWINGS MILLS	YES NO	130.STREET ADDRESS / ZIP CODE 205 Inchape Co	21117 urt Apt.1A
30)4. FA	Samuel	WIDDIE	Unknown	IS. MOTHER'S MAIDEN NA Elizabet		Saluga
2		VAS DECEASED EVER IN U.S. AI VES, NO OR UNKNOWN) (IF YES, GO	RMED FORCES? VE WAR OR DATES)	166. SOCIAL SECURITY NO. 100-46-5968	17 INFORMANT Elizabeth Ke	34 Charm Cit ane Port Jeffers	y Drive on Station, N.Y.
		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, O DUE TO, O	R AS A CONSEQUENCE OF	DEATH CHNOID HE	monkley e	3 days
2	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH OPERATION	ON WAS PERFORMED	YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
1	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE ALLWORK ALLWORK	21e. PLACE	M. MONTH DAY YEAR M. 19	211 LOCATION STREET	RED (ENTER NATURE OF INJURY IN TIEM 18 PAI	COUNTY STATE
		220. I certify that (I) (this hosp saw the deceased alive or the d	8/	24 19 XV	ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	to 8 24 It death occurred on the date and hour	ond from the couses stated 27c DATE SIGNED
1		224 PHI SCIAN'S NAME (TYPE	et M	Peterson	22e ADDRESS	Hospfil +	Ralformal
		DURIAL, CREMATION, REMOVA	73b. DATE 8-28	3-85	cemetery or crematory epulchre Cmete	23d LOCATION CITY OF TOWN STY Coram, Suffo	COUNTY New York

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene priar to bur

24 FUNERAL DIRECTOR Marzullo Funeral Service

Reisterstown, Md.

AU6 29

June Devidon-Bondale

205 Isohapa Count with th

of the sention of the Court buffolk, See York

waterplants the part of the terminal of the second of the second of the seal o

medicol

should be detached for use as the burial-transit permit. Then please remove carbanapapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, th

TO FUNERAL DIRECTOR: After this certificate has been

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

death certificate be executed

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	,	REGISTRAR		CERTIF	ICATE OF DEAT	H	REG. NO	0.	dilly.	
		CEASED NAME FIRST	WIDDLE	2/	AST	2a. DATI	E OF DEATH	MONTH DAY	YEAR 2h HOL	
9	3. SE)	× Marga	4 RACE	S. DATE O	OF BIRTH	6 AGE	(IN YEARS LAST BIR	THDAY) IF UNDE	RIYEAR IF UNDER	24 HRS
	F	emale	White	MONTE 3	DAY Y	EAR	82	YRS	DAYS HOURS	MIN.
1	7a. Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	INTRY? 8 MARRIE	D NEVER MARRI	ED 9 BALTI	1115	R COUNTY OF DE	ATH	
1	4	Scot/AND	W.3,A	WIDOWI	DIVORC	ED D		ORE (rity	MD.
1	10. CI	BAHIMORE	11. NAME OF HOSPITAL, US OT IN SUCH FACILITY, GIVE	VE STREET ADDRESS)	Key M.	(TYPE OF	B TEC		KIND OF BUSINI USTRY LAA	ess or
K		AL RESIDENCE LIF NURSING HOME OR STATE 136 COUN	ITY I3c CITY C	CE BEFORE ADMISSIONS	134 INSIDE CITY LIA	MITS? 13e STRE	ET ADDRESS	ZIP CODE	BaH.	roke,
_	14 E A	ATHER'S NAME	DA	TIMORE	YES NO		08 4	ough It	· MD· 2	2/224
0	14.17		MIDDLE	SID	FIRST	caret	MIDDLE	7	TLANC	Maria .
1		VAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIA	05-8021	MRS.	Isabe	1 Tea	HA 144	5. High	(AND)
		18 CAUSE OF DEATH Enter on	ly one couse per line for (p)	(b) and (c)				, B	APPROXIMATE INTE	RVAL
		PART I. DE ATH WAS CAUSE	D RV	noquemo	usy in	しらて			and the constitution of th	, beatty
		(MARKED IA								
		Conditions, if ony, which	DUE TO, OR AS A COM							6.0
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A COM	NSEQUENCE OF						
		underlying couse lost.	((c)							
	NO	PART 2 OTHER SIGNIFICANT O	4	NG TO DEATH BUT	NOT RELATED TO THE	HE TERMINAL DIS	EASE OR CON	DITION GIVEN IN S	PART Ito	
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a A	NO NO	20b. IF YES, WERE IN CERTIFYING O	FINDINGS USE AUSES OF DEA NO [TH?
0	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	TH DAY YEAD	21c. HOW INJURY	OCCURRED (ENT	R NATURE OF INJU	RY IN ITEM 18 PART 1 OR	PART 2)	
7	CAL	OR CONTRIBUTING CAUSE OF DEA	1111	19						
	MEDICAL	21d INJURY OCCURRED	218 PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TO	WN COI	UNIY	STATE
	`	WHILE NOT WHILE AT WORK			_/_/	90	01/19	9		
		27a certify that (I) this hospi sow the ceosed are an obove (we) (did) (did no)	(dl) ottended the deceosed	from 95	nd that in (my) (our)	opinion death occ	urred on the dr	ote and hour and Ir	om the couses st	
		22h SIGNATURE	y view the body offer death		DEGREE			22	. DATE SIGNED	
		for Ovar	- us		ATTEN PHYSI	DING MEDIC	OR PHYSIC	FF IAN X		
1		401M J	D VOSS MA	9	22e ADDRESS FSICW	re Br	MA	ne wh	2122	7
	23a. B	BURIAL, CREMATION, REMOVAL	DATE DATE	23c NAME OF C	EMETERY OR CREMA	ATORY 23d LO	OCATION OR TOWN	count	7/10	1/10
	24. FL	UNERAL DIRECTOR	0 182100	2632	Ponkling	25a. DAJE REC'D.	BY REGISTRAR	THE REGISTION ARESE	JONATHA A	NAN D
1	1	650DL NILA	NNTHOJE	DRESS ZIZZ	F 54.0	AUG 2	U 1985	J. Markonini		

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•	h. Page 4 n	ol director.
AND 2 JUDI	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within at the contending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director. should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled within 72 hours often with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21/01	ite be executed with	sicion and completely pers. Pages 1 and 2 sl ol.
W. PRESTON ST., B.	of the death certifica	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.
AL RECORDS, 201	the low requires tho	the been signed by the please the prior to burial, items prior to burial,
DIVISION OF VIT	TO HOSPITAL OR ATTENDING PHYSICIAN: The Interior of by the hospitol or ottending physician.	After this certificate as the burial-trons of the and Mental Hyg
	TAL OR ATTEND by the haspitol o	ERAL DIRECTOR: A detached for use state Dept of Heo
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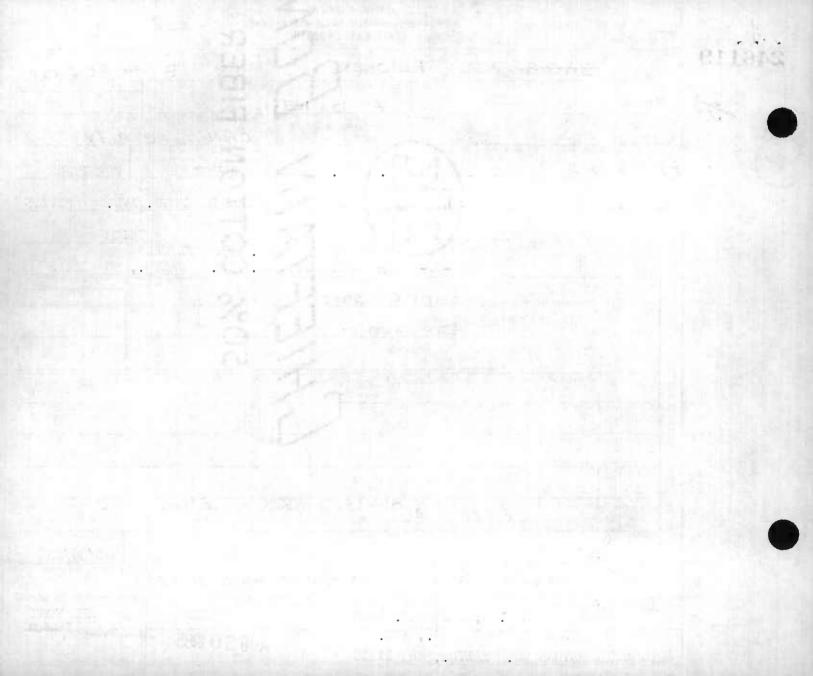
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGJENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 26 HOUR TYPE OR PRINTS FLICKER **JAKOB** 26 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR WHITE MALLE 1893 OR BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED XXIEVER MARRIED COUNTRY AUSTRIA WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY NORTH CHARLES GEN. MANUFACTURER FURNITURE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 STATE 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? BALTIMORE 6526 PARK HTS. AVE. #21215 MARYLAND YES X NO T 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST TEICH PEARL WOLF FLICKER 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO MRS. HELEN FLICKER LYES NO OR UNKNOWN HE YES GIVE WAR OR DATEST 6526 PARK HTS. AVE. BALTO., MD 050-09-0918A 21215 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Septic Shock IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Dheumonia Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 NO 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OR LOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE FARM ETC ! NO! WHILE 22a I certify that (I) (this hospital) attended the deceased from sow the deceosed plive on Oly C and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22h SIGNA DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF 8/26/85 PHYSICIAN DIRECTOR PHYSICIAN MAME (TYPE OR PRINT) 22e. ADDRESS Hospita Norm RTIKANT DESA-1 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION ION, REMOVAL 23b. DATE **OUEENS** NEW YORK MT. LEBANON AUG. 28, 1985 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. DHMH - 16 60M 7/84 6010 REISTERSTOWN RD. BALTO. MD 21215



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c \$ 811) 77115 GDVB1F

23 -34-3000 Doris B. There 2520 saland avenue 21203

Surfall -20-15 Day Law Cometant Charles to Contact the Contact

Augraluli W.Jones, Jr. H bill Kumoudson ave. 21225 Luk

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CEPTIEIC ATE OF DEATH

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RE	GISTRAR				CERTIF	ICAIL OI D	FMIII	REC	. NO.		1
	SEDNAME	FIRST		MIDDLE	L	AST		20 DATE OF DEAT	H MONTH	DAY YEAR	2b. HOUR
(TYPE OR PI	RINT)	Gordon	C	larke	Fl	ynn			8	2185	1/:557
3 SEX	1		4 RACE		5. DATE C			6 AGE (IN YEARS LAS	I BIRTHDAY)	IF UNDER I YE	
Male	e		White		40NIH	26	1932	5	3_{YR}	MONTHS: DA	YS HQURS M
BIRTH	PLACE (STAT	E OR FOREIGN	76 CITIZEN OF	WHAT COUN	VTRY? 8	NEVER A	ADDIED	9 BALTIMORE CIT	Y OR COU	NTY OF DEATH	
	yland		U.S.A	. 1	WIDOWE	-	ORCED	Baltimo	re Cit	v	
0 CITY C	OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, N	IURSING HOME C	R OTHER INST	ITUTION	120 USUAL OCCUI	PATION	12b. KINI	O OF BUSINESS
Balt	timore				CANCEN C	enter		Machine (
	ESIDENCE IN	NUKSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE	E BEFORE ADMISSION	13d INSIDE		130 STREET ADDRE			
	yland	1 _ / /	imore	Dund		YES YES	NO X	207 0	E LIC	-11 1 11	21222
	R'S NAME	1	7	1 2 02.5		15 MOTHER'S	MAIDEN NAM				
Guv			M.	Fly		Ruh	V	MIDD B		Fur	khouser
o WAS	DECEASEDE	VER IN U.S. AR	MED FORCES?		SECURITY NO.	17 INFORMA		AC	DRES 207	Oakwoo	
Yes	NO OR UNKNOWN	(IF YES GIV	E WAR OR DATE	216-	30-8419	: Viole	t G. Fl			to., MI	
	CALISE OF D	EATH (Enter on									OXIMATE INTERVAL EN ONSET AND DEA
PA	RT 2 OTHER		(c) CONDITIONS C	ONTRIBUTIN	G TO DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR C	ONDITION	GIVEN IN PART	l lia
CERTIFICATION 180	DATE OF OP	ERATION	196 COND	ITION FOR V	VHICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	INCE	YES, WERE FIN RTIFYING CAUS	IDINGS USED SES OF DEATH?
CAL	IF EITHER NOTIFY	CAUSE OF DEA) Р	.M. MONTI	H DAY YEAR			ED (ENTER NATURE OF	INJURY IN ITEM	IS PART I OR PART	2)
	HILE NO	CCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM, ETC.) 21l LOCATION STREET CITY OF TOWN									STATE
	saw the de	ceased olive on ve) (did) (did no			_19, or	nd that in (my)	(aur) opinion d	eath accurred on the	ne date and		the causes stated
	The	S NAME TYPE O	25 L	Ehr	cery Mil	1 1	TTENDING PHYSICIAN		STAFF YSICIAN	18	121/13
110			The second second			THE HOUNES			- 1		
	Russ	e11 R.	Deluc	car		22	South	Greene	54	. Bal	1/1/21
3a. BURI		ON, REMOVAL	Deluc 236. DATE 8/24/	ca	23¢ NAME OF C	EMETERY OR O		23d LOCATION CITY OR TOWN Baltim	N	. Bal	Maryland

DHMH - 16 60M 7/84

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TO FUNERAL DIRECTOR.

(VRA 15, 4) 7922 Wise Avenue

24 FUNERAL DIRECTOR

Duda-Ruck, Inc.

Dundalk, Maryland

21222

Argentines with a soul

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIERE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. LAST 20. DATE OF DEATH 1. DECEASED NAME FIRST MIDDLE 2b. HOUR (TYPE OR PRINT) Lucille Fogg 1985 August 1 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 5 DATE OF BIRTH MONTH DAY YEAR Female Black 24 09 4 76 7a BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City North Carolina U.S.A. WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a LISTIAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 1228 N. Gay Street Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a, STATE 13b, COUNTY 1127 CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 1228 N. Gay Street 21213 Baltimore Maryland YES X NO 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Kerney Hattie B. James W. Lee ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-30-3583 Hayward Fogg 1228 N. Gay Street NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY MYOGARDIA Infarction acule IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Tailure CONSESTIVE recent Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Leukemia CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20h IF YES, WERE FINDINGS HISED 19a DATE OF OPERATION 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from MAY and that in (my) (our) apinion death occurred on the date and hour and from the causes stated sow the deceased alive a above, (M we) (did) (did n th view the body after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF

DHMH - 16 50M 4/83 (VRA 15, 4)

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Wm C March F/H Inc. 1101 E North Avenue

8/5/85

23a BURIAL, CREMATION, REMOVAL

BURTAL

24 FUNERAL DIRECTOR

AUG 5

22e ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY

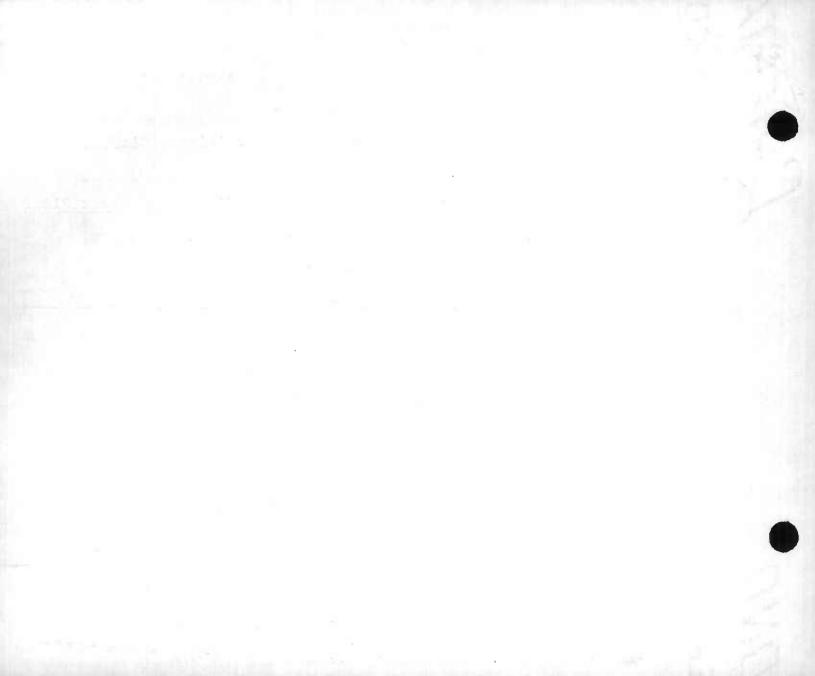
Mount Calvary

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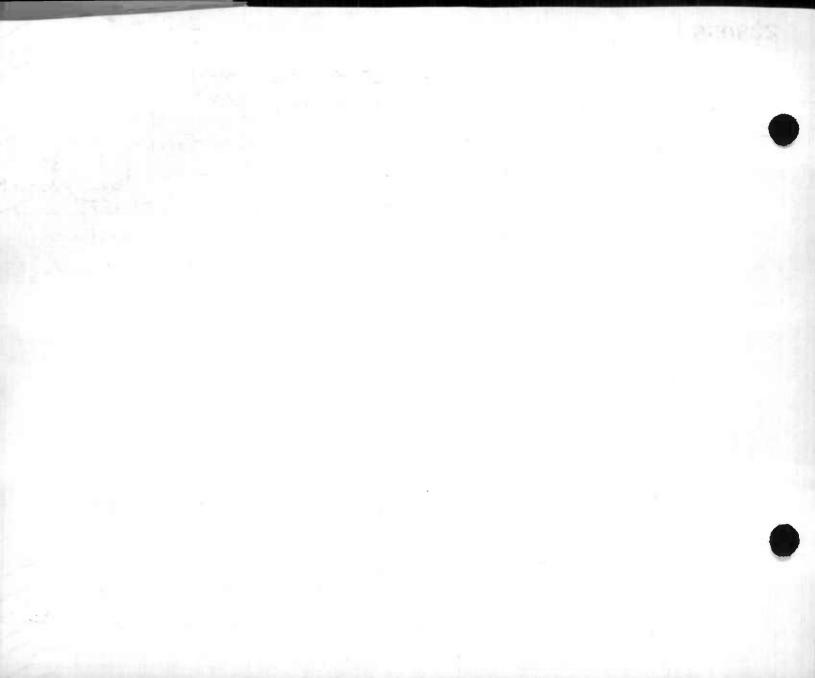
Anne Arundel Suria Davidson



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

228058	FOR STATE REGISTRAR		STATE OF MARYLAN DEPARTMENT OF HEALTH AND M CERTIFICATE OF DE	ENTAL HYGIEND	2 2 REG. NO.	73	
1 74	1. DECEASED NAME (TYPE OR PRINT)	AGGIE MI	ARBARET FO	oTe A	OF DEATH MONTH	1985 IF ONDER 1 YEAR	2b. HOUR M IF UNDER 24 HRS
age 4 mg age	Fema	le Blac	S. DATE OF BIRTH	1906 78	YRS.	MONTHS DAYS	HOURS MIN.
1 10 10 10 10 10 10 10 10 10 10 10 10 10	Mary	and U S F	MARRIED NEVER MARRIED NEVER MARRIED DIVENTED NOTICE	ORCED B	ORE CITY OR COUNT	cit	F BUSINESS OR
6 5 90	Baltin	John John	ITY, GIVE AREET ADDRESSY Nue	sing W	ork for most of working ti		
1 10	mal		mapolis 13d. Inside CIT	Y LIMITS 130.STREET	ADDRESS / ZIP COD	h ST	2/40
Jond 2	Josep	h meon tar	roll Elis	abeth	ADDRESS	Ville	son
the execution and the execution on the execution on the execution of the e	no	VER IN U.S. ARMED FORCEST 16b. S (IF SES, GIME WAR DRIDATES)	5-32-4420 men	ion Brie	ht-200	4FM	adisin ?
erificate g physic bondope removal		HATH (Enter only one couse per line); + WAS CAUSED BY IMMEDIATE CAUSE (o)	ron Cregative	U piptic	eni	BETWEENO	DISET AND DEATH
offerth c offerd offer, or troumath	Conditions If a	any, which (b)	Expette Luc	ubitus e	ular		
s that the ed by the alegue re- riol, crein or other	underlying co	161	CONSEQUENCE OF	+ CUA		VENUE A DARK I	
require cen sign A. Thun, burte bu	PART 2 OTHER S	24	BUTING TO DEATH BUT NOT RELATED T			S, WERE FINDIN	
0 0000	E IMIT OF OF	175 CONDITION	TOR WHICH OF ERAHOR WAS PERFOR		IN CERTI	FYING CAUSES	OF DEATH?

21s. ACCIDENT WAS UNDERTING 216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING. CAUSE OF DEATH P.M 19 OF EITHER, NOTIFY MEDICAL EXAMINERS 211 LOCATION 214. INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK 22a.1 certify that (1) (this hospital) intended the deceased fram TO FUNERAL DIRECTOR. should be detached for use with the Store Dept. of Health saw the deceased alive on. and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated obave. (I) (we) (did) (did not) new the body after death 27% SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT. 22e ADDRESS ANOW H 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL REMOVAL 23b. DATE BP. DHMH - 16 50M 4/83 www.wardoon-Nandalah (VRA 15, 4)



BALTIMORE.

DIVISION OF VITAL RECORDS,

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Health and Mental Hyg

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MPORTANT:

CERTIFICATION

(IF EITHER NOTIFY MEDICAL EXAMINER)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

STATE

Md.

- STATE REGISTRAR			CERTIFICATE	OF DEATH	REG. NO.						
1 DECEASED NAME	FIRST	MIDDLE	LAST		2a DATE OF DEATH MONTH	DAY YEAR	2b HO	UR			
(TYPE OR PRINT)	Alice	Mae	Ford		August 16,	1985	Ma.	м			
3. SEX	SEX 4. RACE		5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDE	R 24 HRS			
Female	e	Black	12	1 ⁴ 1 ⁴	71 YRS	MONTHS DAYS	HOURS	MIN.			
78. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT CO			? 8 MARRIED X NE	VER MARRIED [9. BALTIMORE CITY OR COUNTY OF DEATH						
North Ca	arolina	U.S.A.	WIDOWED [DIVORCED [
10 CITY OR TOWN C		11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ET ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND O	F BUSIN	IESS OR			
Baltimor	re	1922 Walbr	ook Avenu	1e							
13a STATE	13b. COUP		WN 113d, INS	IDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	DDE					
Maryland Baltin			more YES 2	NO 🗆	1922 Walbroo	k Aven	ue :	2121			
14 FATHER'S NAME			15. MO	THER'S MAIDEN I	NAME						

MIDDLE LAST FIRST William Imgram Mary ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) NO 217-20-915 Charles Ford 1922 Walbrook Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO [] NOD YES [71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INTURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

21e. PLACE OF INJURY 211. LOCATION 21d. INJURY OCCURRED COUNTY CITY OF LOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

22a.1 certify that (1) this haspital) attended the deceased from saw the deceased alive on (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did

22b. SIGNATU DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22e. ADDRESS 224. PHYSICAN S NAME NYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL BURIAL 23c NAME OF CEMETERY OR CREMATORY 8/20/85

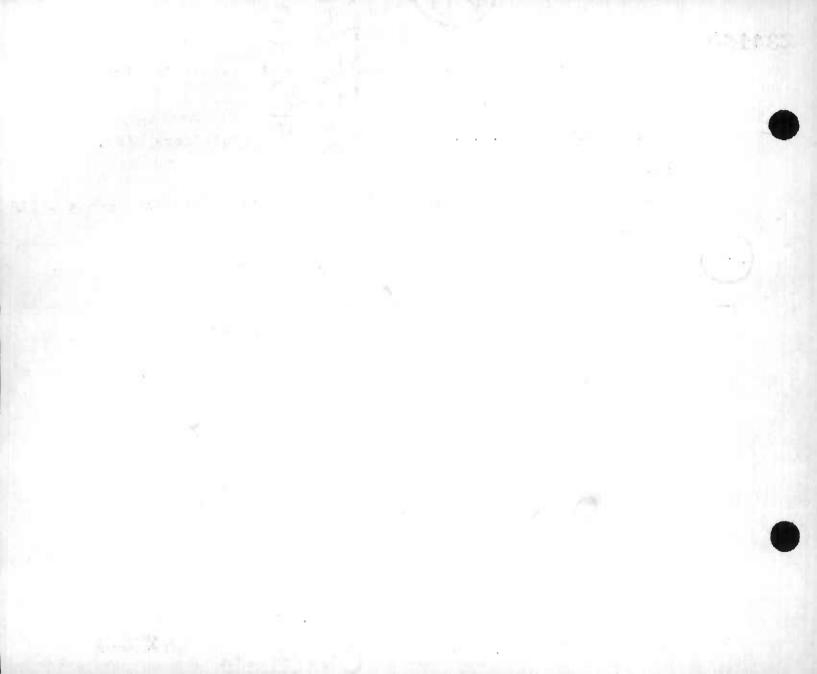
Baltimore, Eastview Mem. Pk. 24 FUNERAL DIRECTOR

Wm CameMarch F/H Inc. 1101 North Avenue

P.M

DHMH - 16 50M 4/83 (VRA 15, 4)

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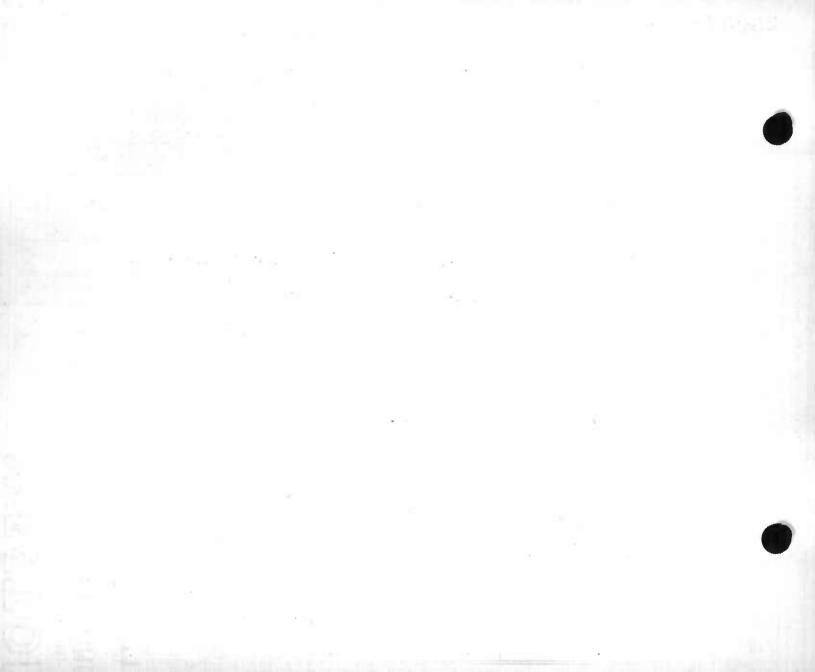
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DHMH-16 20M (VRA 15, 4) 7/7B

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DEPARTMENT	0	F	HE	AL	TH	AND	MENT

CERTIFICATE OF DEATH

		REGISTRAR							R	EG. NO.				
		CEASED NAME OR PRINT)	FIRST		WIDOLE		AST		20 DATE OF DE	HTHOM HTA	DAY	YEAR	26 HOL	IR
-	(int	OK PRINT)	Book	er	T.	For	d			8	11	85		м
	3. SE)	X		4 RACE		S. DATE C			6. AGE (IN YEARS L	AST BIRTHOAY)	IF UNE	DERIYEAR	IF UNDER	24 HRS
		Mal	е	Bla	ck	MONTH	15	1 TEAR	74		MONTH	S CAYS	HOURS	MIN.
-	Za BII	RTHPLACE (STATE)	OR FORFICIN	IN CITIZEN OF	WHAT COUNTRY	2 8			1 BALTIMORE		RS.	EATH		
7	CC	India	n a	78 CHIZZIN OF	USA	MARRIE		MARRIED TO		_				
6						WIDOWE		ONORCED		imore	_	V		MD.
	10 CI	ITY OR TOWN OF	DEATH		HOSPITAL, NURSI		OR OTHER IN	STITUTION	12a USUAL OCC	MOST OF WORK	NG LIFE) IN	6. KIND O	F BUSINE	SSOR
2.	I	Baltimo:	re	1016	Carlto	n St	reet		Halnte	nance				
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5	130.0	Md.	136 600.	***	Balto.	V14	YES 🐼	NO [13. STREET ADD	Carl	ton	St.	-/-	
-	14 FA	THER'S NAME			THE CT OC			S MAIDEN NAM	ME					
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		Conditions, if a		(p)_			_	-001/4	(001)	,	-		_	_
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	24. FU	JNERAL DIRECTO	R					25e. DATE	REC'D. BY REGIS	TRAR 25b. RE	GISTRAR'S	SIGNAT	URE	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I		R OTHER INSTITUTION	120 USUAL OCCUPAT		b. KIND OF BUSI IDUSTRY	NESS OR			
5	1	sallimore	So. Baltime	re Gent	rul Hosp							
2 6	USU A	AL RESIDENCE (IF NURSING HOME OR TATE 136 CON	OTHER INSTITUTION GIVE RESIDENT		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	LEE LOOK		श्रीयत्र!			
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6		PES NO OR UNKNOWN) PIF YES, GIV	E WAR OR DATES) 2170	92021	DOROTHY BE	LL 1702 F	RESBURY	2121	7			
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9		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM IS PART 1 C	R PART 2)				
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		sow the deceased alive on above, (I) (we) (did) (did no	8/23	_19_ <u>\$5</u> on	d that in (my) (our) opinion	death accurred on the d	ote and hour and	from the couses	stoted			
	1	226 SIGNATURE	00 11		DEGREE	Management of the	12	20 DATE SIGNE	D			
		Scott E	Xloodhu	mo	MD ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN 🔽	8/23/8	5			
1		226. PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS							
1		Scott E G	OODFRIEND	ma	3001 5	HANOUSK	ST B	Mimore	Med			
	23a B	URIAL, CREMATION, REMOVAL	23b. DATE		METERY OR CREMATORY	23d LOCATION						
		SPECIFY) IRTAT.	8/29/85	CEDAR	HILL CT	CITY OR TOWN	COU	DUNTY	M D			
		INERAL DIRECTOR	1 - 1 - 2 9 1 0 3	LEDAK		E REC D. BY REGISTRAN	NHAL	SIGNATURE	TID			
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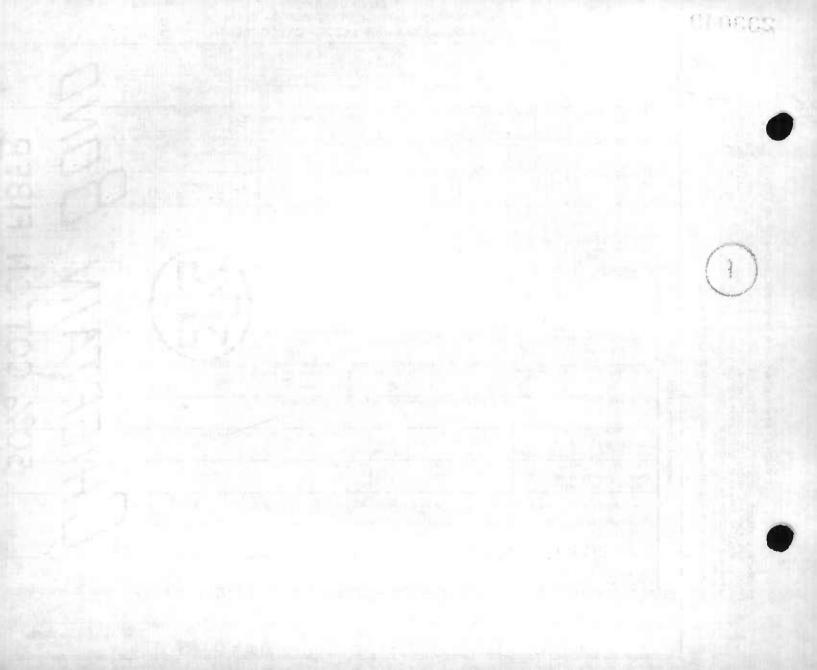
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233049 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 70. DATE KNOWN X FIRST DECEASED NAME YEAR 25 HOUR (TYPE OR PRINT) ESTI-C. DEATH MATED 19 85 ANN FORNEY 16 4. RACE IF UNDER 1 YR. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE MONTH LAST BIRTHDAY) PRONOUNCED 6:30 19 55 WHITE 30 FEMALE DEAD 19 85 16 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) U.S.A. Maryland WIDOWED DIVORCED Baltimore City 2, AND 3 TO THE FU 3. RETAIN PAGE 5 SHOULD BE FILED ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Med. Center Baltimore 443 S. Bentalou St. Matron JSUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 3a. STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 443 S. Bentalou St. 21223 Baltimore Maryland YESX NO I 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST EIRST FIRST Walsh Walter F. Mary J. BALTIMORE. Forney 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** Walter Forney 1852 Wilkens Ave. 21223 212-26-0806 T8 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTONST. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER AT FORMEAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURAL-TRANSIT AGFIER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HARD MENTAL PROBLEMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMO Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) CERTIFICATION 198. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES [NO X 218 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME 711-LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK Inspection X 22e I certify that I took charge of the remains described above, held an Autopsy Natural causes X death resulted fram: Accident Homicide L Undetermined monner TITLE (SPECIFY) DATE 8-17-85 Assistant SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. ADDRESS 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23¢ NAME OF CEMETERY OR CREMATORY COUNTY New Cathedral Cemetery Baltimore Maryland 8/20/85 07/84 BP Buria! 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** INC. 4107 Wilkens Ave (VR A15 ME (5)) HUBBARD FUNERAL HOME,

STATE OF MARYLAND



STATE OF MARYLAND

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70000	1	STATE REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO.						
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20 000		Male	White July	200,1920	65 YRS						
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1 11 37	Ва	ltimore	1. NAME OF HOSPITAL, NURSING HOME (HENDING SUCH FACTURE GIVE STREET ADDRESS) MERCY HOSPITAL	DR OTHER INSTITUTION	Burner, Beth.	Steel					
A PE	30 _x	at RESIDENCE (IF NURSING HOME OR CATE 136 COUNT	THE INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) BETTERMORE	134 INSTRECTTY LIMITS?	38E.Grindall	21230 St.Balto.Md.					
1 10	14. F/	ATHER'S NAME	IDDLE LAST	15. MOTHER'S MAIDEN NAM	ME						
1/100 300		Sellman	H. Forrester	Theres	sa M.	Kosta					
164.8/	160 V	VAS DECEASED EVER IN U.S. ARA	WAR OR DATES	17 INFORMANT	ADDRESS	Balto.Md.2123					
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OR Joseph DiRE		22h SIGNATURE	100	DEGREE ATTENDING	MEDICAL STAFF &	224. DATE SIGNED					
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND 242063 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 20. DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) 7:15AM CORNELIA FOSTER AUG. 25, 1985 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER ! YEAR IF UNDER 24 HRS MONTH BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OR FORFIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY WIDOWED 1 DIVORCED O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY BALTIMORE JOHNS HOPKINS HOSPITAL 730 STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 2/timere MIDDLE IN U.S. ARMED FORCES? SOCIAL SECURITY NO LYES NO OR LINKNOWN (IF YES, GIVE WAR OR DATES) Edith Allen 920 Not. Hot APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and IC PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) 25' Vebrilletu Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 olostom TO DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO [210. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC 1 STREET NOT WHILE 22a. I certify that (1) (this haspital) attended; the deceased fram sow the deceased alive an. and that in (my) (our) opinion death occurred on the date and have and from the causes stated above, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PR GIO N. BREEDOWSY BACT MO ates 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE PSTYIEW MEMITY 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 (VRA 15, 4)

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	(VR A15 ME (S))	M	m. C. Ma	arch F/H	H 1101 E.	Nort	h Ave.			AUG	9	1985	ب عداد	undson	-Randell	

4107 Wilkens Ave.

(VRA 15, 4)

HUBBARD FUNERAL HOME, INC.

STATE OF MARYLAND

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238066	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL PYGIENE 2 2 8 2									
200000	5	REGISTRAR		CERTIFICATE OF DEATH REG. NO.								
191		CEASED NAME FIR	ST	WIDDLE	/	AS	2a DAT	E OF DEATH	MONTH DAY	YEAR 2	HOUR)	
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you ago	3. SE	*	1,RAC	Œ.	5. DATE C	OF BIRTH	6. AGE	(IN YEARS LAST BIRT			IF UNDER 24 ARS	
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Pod di		RTHPLACE (STATE OR FOREK	76. CIT	76. CITIZEN OF WHAT COUNTRY?				9. BALTIMORE CITY OR COUNTY OF DEATH				
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The fee	10. C	TY OR TOWN OF DEATH				OR OTHER INSTITUTION		WORK FOR MOST OF	WORKING LIFE)	12h KIND OF INDUSTRY	BUSINESS OR	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120' ING PHYSICIAN: The law requires that the death certif at the exected within 24 hours rateding physician. Were this certificate has been signed by the attending processed and certificate has settlicate has buriol-transit permit. Then please remove carbon publications and certificate prior to buriol, cremention, or removal and mental hygiene prior to buriol, cremention, or removal and and mental signows any injury, or ather traumatic event, it mental and remover many to a reded or them 18 siftows any injury, or ather traumatic event, it mental and remover many to a state of the signows and injury, or ather traumatic event, it mental and any and a state of the signows and injury, or ather traumatic event, it mental and any and a state of the signows and injury, or ather traumatic event, it mental and any and a state of the signows and injury, or ather traumatic event, it mental and a state of the signows and injury, or ather traumatic event, it mental and a state of the signows and injury, or ather traumatic event, it mental and a state of the signows and injury, or ather traumatic event, it mental and a state of the signows and injury.	13a S		COUNTY ARFORE	13c. CITY OR	TOWN	13d INSIDE CITY LIMIT	S? 13e.STR	EET ADDRESS		in ST	210 H	
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SICIA ng ph certificient entol	₹ S	OR CONTRIBUTING CAUSE	OF DEATH	P.M.	19							
PHYSICI ending I this cert the buriel d or Item	MEDICAL	21d. INJURY OCCURRED		Ie. PLACE OF INJURY	SEICE EARL STC \	211 LOCATION		CITY OR TO	WN	COUNTY	STATE	
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5 5 5 3 81		BURIAL, CREMATION, REM	OVAL 23b	DATE	23c NAME OF C	EMETERY OR CREMATO	ORY 23d I	LOCATION		OUBLES	STATE	
BP		SURIAL	A.	6.20,1985	CHSSTO	UT GROVE	1	ñ 14	Villa "	BATA	MARYLAN	
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STATE OF MARYLAND

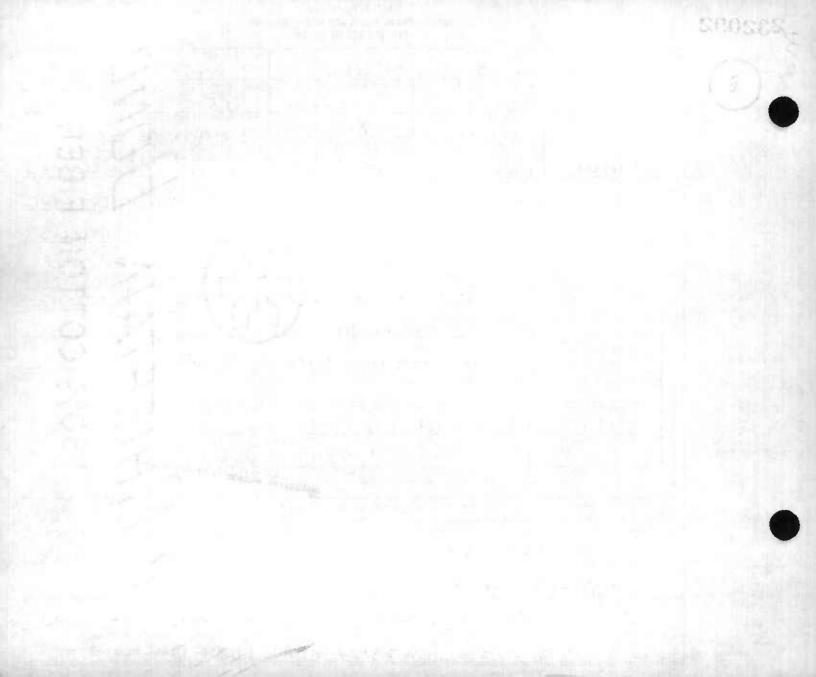
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232092 1 - FOR STATE REGISTR.			DEPARTMENT OF HEALTH AND MENTAL HYGIEND 2 2 1 0 4 CERTIFICATE OF DEATH REG. NO.							
		CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR				
	(TYPE	ORPRINT) SELP	na S	FREED	08-10	2-85 840 pm				
#)	3. SE	X	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	NONTHS DATE HOURS MIN				
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in 72 ho		COUNTRY) OHO	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED		-10				
South of the full with the full of the ful	10. CI	or town of DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	ng home or other institution raddress)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE TYPIST	12b. KIND OF BUSINESS OR INDUSTRY STATE OF MD.				
filled in the food of the food	USU, 13a S		OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION) VN 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 4233 Nach	ne Dr 21215				
and 2 st	14. F.A	THER'S NAME FIRST 13 GRUPPRO	MIDDLE SHAST	15. MOTHER'S MAIDEN N	WIDDIE	Piccus				
ond co			MED FORCES? 166 SOCIAL SECT	URITY NO. 17 INFORMANT	ADDRESS					
Poges medical		UNIN THE YES, GIV	215-18-	3462 INPATIENT	REGISTRATIO	RÈLLOND				
ysicio yol.		18 CAUSE OF DEATH Enter on	ly ane cause per line far (a), (b), ar	nd (c)	THE RESERVE	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH				
a phy emo		PART I. DE ATH WAS CAUSE IMMEDIAT	ECAUSE (a) Card	10- pulmona	y arrest	1 hour				
corb corb , or r		0.00	DUE TO, OR AS A CONSEQU	ENCE OF						
nave carb latian, ar traumatic		Conditions, if ony, which	(1b) U	nhawn						
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Signed Then pler to burio njury, or	N O	PART 2 OTHER SIGNIFICANT C		DEATH BUT NOT RELATED TO THE TER		EN IN PART 1(a				
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ows d	TEK	8-12-85	Fractured	hip puthology		YING CAUSES OF DEATH?				
tol Hygin 18 sh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	MULLIAN NO.	PRRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)				
ond Men	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	19 211 LOCATION STREET	THE STATE OF TOWN	COUNTY STATE				
TOR. Africance os of Health			tol) attended the deceased from	8-12 19.85		19 that (we) last and from the causes stated				
IREC ept.		226. SIGNATURE	A D A	DEGREE		22c. DATE SIGNED				
detoc ote D ote D		Du	uno	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8-12-85				
should be der with the Stote IMPORTANT.		D WELL	s mo	UNIV OF	md Hospim	rc -				
F 78 3 S		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	1 - 1 - 1 - 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN BALTIMORE	COUNTY STATE				
1 - 16 60M 7/B4		INERAL DIRECTOR	The ADDRESS		ATE REC'D. BY REGISTRAR 256 REGIST	RAR'S SIGNATURE				
(VRA 15, 4)	tel	brew Memorial F	UnevalTOME 1100,	Reisterstown Rd Al	UG 1 5 1985 Helen Oc	WIECON - I				

STATE OF MARYLAND



-	1 -	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH		2	8	5		
		CEASED NAME FIRST	MIDE	DLE	t	AST	REG. NO. 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR					
9	(TYPE	DINAH	R		FR	EEMAN		7 29	85	9.10 Pm		
	1.583		4 RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST B	RTHDAY] IF U	NDER I YEAR	IF UNDER 24 HRS		
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3%		RESIDENCE (IF NURSING HOME OR 136 COUN			-	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS		CITM	VALUTED		
4	_	THER'S NAME	ROLL W	VESTMINI	SIEK	YES NO KO		AVE., W	E3111	MD-211		
20		FIRST	K. ST	OCKSDA	LE	SADIE M. ABBOTT						
17		VAS DECEASED EVER IN U.S. AR.	MED FORCES? 16	SOCIAL SECU	RITY NO.	17 INFORMANT	ADDE	RESS				
f		NO NO		715 44 1	683	PAUL FREEM	IAN 13e	21157	7			
,	CERTIFICATION	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 AUTOPSY? 200 AUTOPSY? 200 AUTOPSY?										
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1		226. SIGNATURE Chandre Prakest Belain DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN TO										
1		272 PHYSICIAN'S NAME (TYPE OR PRINT) CHANDRA PRAKASH BELANI 270 ADDRESS										
		BURIAL BURIAL	23b. DATE 8-2-	a	IAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN FINK SB U		RROL	STATE MD.		
34		UNERAL DIRECTOR RITTS FUNERAL	HOME 4	12 WASI WESTM			O 8 1985	Julia Dav	S SIGNAT	fandele.		

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death cert ratending physician. Wher this certificate has been signed by the attending to state buriol-transit permit. Then please remove corbon the and Mental Hygiene prior to buriol, cremation, or ren orked or Item 18 shows any injury, or other traumatic ev	z	PART 2. OTHER SIGNIFIC	LANT CONDITIONS	CONTRIBUTING	TO DEATH BO	NOT RELATE	D TO THE TERM	INAL DISEASE C	OR CONDITION G	MEN IN PART 1	0,
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OR e ho		226. SIGNATURE	0			DEGREE	ATTENDING	MEDICAL	STAFE /	22c. DATE	SIGNED
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Te ras 4	23a 6	SURIAL, CREMATION, REA	NOVAL 236. DATE		23c. NAME OF	EMETERY OR	CREMATORY	23d. LOCATIO		COUNTY	STATE
BP	Bu	rial	8/8/	'85	Oak Lav	n Ceme	tery		Lmore		land
DHMH - 16 50M 4/B2	24. FI	NERAL DIRECTOR DU	da-Ruck,	Inc. ADDR	666		250 DATI	- 404	ISTRAR 256. REGIS	TRAR'S SIGNAT	URE PR
(VRA 15, 4)		22 Wise Ave.			rvland	21222	AUI	1 13	الاستانيان	inclusion-17	101 Mil

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240000		FOR			DEPART	STA MENT OF		ARYLAN		YGIENE	9 9	1 8	R	
246075		STATE REGISTRAR		ME	DICAL	EXAMIN	ER'S	ERTIFIC	CATEO	FDEAT	TH REC	3. NO.	5	
1		CEASED NAMI	FIRS1		WIDDIE		14	LAST		20	OF ESTI-	N MONIH		26 HOUR
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9 # 2000	14. F/	ATHER'S NAME			Dai	LIMOTE		7373	R'S MAIDE		Spauld	mg Av		213
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STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 253020 REG. NO 70 DATE KNOWN DECEASED NAME (TYPE OR PRINT) Christopher EST1-Brian DEATH MATED GABOURY 8-29-85 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEAR! IF UNDER 24 HRS DATE 7d HOUR LAST BIRTHDAY PRONOUNCED Caucasian Feb. 26, 1973 Male 8-29-8519 6:10R DEAD YRS Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Washington, DC USA WIDOWED DIVORCED Baltimore City D CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING (IFE) Student OR INDUSTRY School Baltimore University Hospital STU COUNTY NO 3688 Nile Road 13d INSIDE CITY LIMITS? Davidsonville Maryland Anne Arundel 21035 YES X 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE LAST LAST Paul Gabourv Elizabeth M. Marean 3688 Nile Road (YES, NO, OR UNKNOWN) Davidsonville, MD 21035 NO Paul R. Gaboury 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH Multiple injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) 19g. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 21 H2UR30PMONB UNDERLYING AOR passenger of an auto in a head-on collision 211Wackhora truck 210 PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) NOT WHILE Rossback Rd. nr. Patuxent AT WORK Davidsonville Md EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WILFFLHE STIR BALTIMORE, MARYALEST 22a I certify that I took charge of the remains described above, held an and in my opinion Accident X Natural causes Homicide Undetermined manner TITLE (SPECIFY) DATE SIGNED 8-30-85 Assistant MEDICAL EXAMINER Margarita A. Korell, M.D. 111 Penn Street (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE STATE 3 1985 Lakemont Cemetery Davidsonville, Maryland 07/84 Burial 24 FUNERAL DIRECTOR 16000 Annapolis Road 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** Bowie, Maryland Beall Funeral Home (VR A15 ME (5))

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TO HOSPITAL OR ATTEN retained by the hospital TO FUNERAL DIRECTOR. should be detached for us with the State Dept. of He MAPORTANT. If them 21 is		saw the deceased alive a	at) view the body after death.	DEGREE ATTENDING PHYSICIAN 22 3 0 0	MEDICAL STAFF DIRECTOR PHYSICIAN Gurnison Blva	and from the causes stated 22c. DATE SIGNED 8/14/57
Bb-	23a	BURIAL, CREMATION, REMOVA	L 236 DATE 23c	NAME OF CEMETERY OR CREMATORY OUDON Park Mem. Pk	23d LOCATION	COUNTY STATE MD

DHMH - 16 50M 4/83 (VRA 15, 4) 24 FUNERAL DIRECTOR
NAME
William C. March F/H 1101 F. North Avenue

THE REC'D. BY REGISTRAN 250 REGISTRAN'S SIGNATURE

4 1985 Julie Davidson-Rondess



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE-

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PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10) Canditions, if any, which gave rise to immediate couse 10st. Conditions, if any, which gave rise to immediate couse 10st. DUE TO, OR AS A CONSEQUENCE OF Underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF Cancer pancreas PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO IN CERTIFYING CAUSES OF DEATH? 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 216. ACCIDENT WAS UNDERLYING AUGUST OF DEATH HOUR A.M. MONTH DAY YEAR 197. DECONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 198. ACCIDENT WAS UNDERLYING A.M. MONTH DAY YEAR 199. DATE OF OPERATION 216. INJURY OCCURRED 216. INJURY OCCURRED 216. INJURY OCCURRED 216. PLACE OF INJURY (AI HOME STREET, FACTORY, OFFICE FARM, ETC.) 217. AUGUST 9, 19, 85 that (If (we)) Sow, the desponsed give an August 9, 19, 85 that (If (we)) Sow, the desponsed give an August 9, 19, 85 that (If (we)) Sow, the desponsed give an August 9, 19, 85 that (If (we)) Sow, the desponsed give an August 9, 19, 85 that (If (we)) Sow, the desponsed give an August 9, 19, 85 that (If (we)) Physician Director Physic	16	(YES, NO OR UNKNOWN) (IF YES, C		SECURITY NO. 17 INFORMANT 3117 RECIWA		
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DUE TO, OR AS A CONSEQUENCE OF CANCER PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 90. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY2 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOW YES NOW YES NO DEATH? OR CONTRIBUTING CAUSE OF DEATH (I) EITHER NOTBY MEDICAL EXAMINER) 210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) 211. LOCATION STREET 212. AUGUST 9 214. HOW INJURY OCCURRED (ITY OR TOWN COUNTY STATE 125. SIGNATURE DEGREE 226. DATE SIGNED 226. AUGUST 9 317. AUGUST 9 327. AUGUST 9 328. IT YES 129. AUGUST 9 328. IT YES 120. AUGUST 9 328. ITY STATE 120. AUGUST 9 328. ITY STATE 121. LOCATION STREET 226. DATE SIGNED 227. DATE SIGNED 228. ADDRESS CTUTCH HOSPICAL 220. DATE SIGNED		Canditians, if any, which	DUE TO, ORPSEUD	Smonas pneumoni	.a	
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO	I	cause (a), stating the				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTEY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED NOT WHILE NOTEY MEDICAL EXAMINER) AT WORK 22e I certify that (I (this haspital) thended the deceased from July 3, 1985 to August 9, 1985 that (I (we) of saw the deceased give an August 9, 1985, and that in (my) (or) printed death accurred on the date and haur and from the causes stated abave, (I) (we) (did did not) view the body after death. DEGREE 22e DATE SIGNED 22d PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS CHURCH HOSPITAL	3		T CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CON	DITION GIVEN IN PART Tra
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTEY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED NOT WHILE NOTEY MEDICAL EXAMINER) AT WORK 22e I certify that (I (this haspital) thended the deceased from July 3, 1985 to August 9, 1985 that (I (we) of saw the deceased give an August 9, 1985, and that in (my) (or) printed death accurred on the date and haur and from the causes stated abave, (I) (we) (did did not) view the body after death. DEGREE 22e DATE SIGNED 22d PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS CHURCH HOSPITAL		190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION WAS PERFORMED		IN CERTIFYING CAUSES OF DEATH?
220 I certify that (I (this haspital) Itlended the deceased from July 3, 1985 to August 9, 1985 that (I (we) as we the deceased from August 9, 1985, and that in (my) (or) printed death accurred on the date and haur and from the causes stated abave, (I) (we) (did did not) view the body after death. 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 2000 PHYSICIAN 2		00.000.000.000.00	DEATH HOUR A.M. MONTH	DAY YEAR	CCURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)
sow the deceased live an August 9, 19 85, and that in (my) (or) pinion death accurred on the date and hour and from the causes stated above. (I) well (did Aid and) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 8. 9. 85 224 PHYSICIAN'S NAME (TYPE ORDERN) 226 ADDRESS Church Hospital	-	HILE NOT WHILE		FICE FARM, ETC.) STREET		0.5
M. D. ATTENDING MEDICAL STAFF 72d PHYSICIAN DIRECTOR PHYSICIAN 8. 9.85 72d PHYSICIAN'S NAME (TYPE ORDERN) 720e ADDRESS Church Hospital		saw the deceased alive a abave, (I) (we) (did) (did)	August 9.	19 85 , and that in (my) (vr) p	. 10	inat (I (we) ast
		Ne s	je jung	M . D . ATTENDIN	AN DIRECTOR PHYSIC	8.9.85
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DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGENE 5

					EUFMAKILAND		
¥33124	1 -	FOR STATE REGISTRAR	DEPART	MENT OF H	EALTH AND MENTAL HYE	REG. NO.	1 9 6
		CEASED NAME FIRST	MIDDLE		IAS1	20 DATE OF DEATH MONTH	AY YEAR 26 HOUR
nay be page 3 rr death	(TYPE	ORPRINT) MICHAEI	A	G2	ARRETT	AUGUST 16, 1985	8:35 P
L . 0	3 SE	(4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
rectar urs aft		Male	White	Jul	y 24, 1983	2 YRS	
Jeath. Pr	1	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? USA	MARRIE		BALTIMORE CITY OR COUNTY BALTIMORE CITY	OF DEATH MD.
33	BA	TY OR TOWN OF DEATH LTIMORE	JOHNS HOPKINS	HOSPI		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE 1/a	12b. KIND OF BUSINESS OR INDUSTRY
(i)		AL RESIDENCE (IF NURSING HOME OR ITATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR	NN	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS / ZIP CODE 2716 BAyonne Av	enue 21214
	14. FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	ME	
1 1500		Howard	S. Garrett		Barbara	Jo Mi	ntmier
dica dica		VAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRESS	
1 10		no	none		Mr. Howard	S. Garrett Jr. Sa	
yrico oper- nol. #		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), ai	0	1.41		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
g p on p			E CAUSE (a)	in	VegTh		Immediate
e death ce attendin nove carb lation, ar traumatic			DUE TO, OR AS A CONSEOU	JENCE OF _	-		31.
dea offe offe offe offe offe		Conditions, il any, which	(16) Brain		+5 thema		Jaay S
by the by the sse ren crem ather		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEOL	JENCE OF	Urenie 5	Syndrone	6 day 5
equires the signed the plector plant plector p	NO	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 11a
he law re has been to permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	IN CERTIF	WERE FINDINGS USED YING CAUSES OF DEATH?
Sician: The physicial physicial certificate I real-transit ental Hygie ental Hygie		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM) B PA	RT OR PART 2)
or attending at attending After this c e as the bur alth and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE.	FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Africa Af			tal) oftended the deceased from.	Aug	UST 3 19 85	, to August 16.	9 85 that (I) (we) last
RECTOR RECTOR ed for upt. of H em 21 is		saw the deceased alive an	Tugust 16 19	, a	nd that in (my) (aur) apinian o	death occurred on the date and hour	and fram the causes stated
OR A he has DIRECTOCHED DIRECTOCHED DEPT.		77% SHOWATURE	view inc oddy difer dealin.		DEGREE		226 DATE SIGNED
- + - + 0		(in la	1 West	3	M ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	18/16/85
FO HOSPITAL etained by the TO FUNERAL should be detroited with the State with the State.		Car G. W	1. Weigle	mg	Halsted 84	+2 Johns Hopke	as Kospital
7 5 + 4 3 ₹	23a E	URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP		Burial	Aug. 20,1985 L	orrain	ne Park	Woodlawn Bal	
DHMH - 16 60M 7/84	24 FI	INERAL DIRECTOR	ADDRESS		250 DATE	REC'D. BY REGISTRAR 251. REGISTE	T. SAMEANA
(VRA 15, 4)		Leonard J. Kuck	Inc. Baltimore	, Mary	rland AUG	1 9 1985 94 100	44.

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Leonard J. Duck Inc. Balticom, Barrisal

DHMH - 16 60M 7/B4 (VRA 15, 4)

					E OF MARYLAND	A 124	0 1 0	
220060	1-	FOR STATE REGISTRAR	DEP	CERTIF	EALTH AND MENTAL HYG	REG. NO	2 1 7	1
		EASED NAME FIRST	MIDDLE	ı	AST	20. DATE OF DEATH		2b HOUR
31 1	(TYPE	OR PRINT) ELIZA	BETH W.	G	ARRETTE	AUG.3,198	5	12:15PM
80	3. SE >		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT		
8 95	8	Female	White	Feb	1- 100-	78	YRS DAYS	MOURS MIN.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUN	ITRY? 8	D NEVER MARRIED	The second secon	R COUNTY OF DEATH	
1 41480		V. Va.	U.S.A.	WIDOWE		BALTIM	ORE CITY	MD.
11450	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)		120 USUAL OCCUPATION		OF BUSINESS OR
200		BALTIMORE	JOHNS HOPK		ITAL	Teacher I	Ret. Educ	cation
2 Calada	USU A 13a S	L RESIDENCE (IF NURSING HOME OR TATE 13b COUN		TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE 21	201
150		1d.	Balt	to.	YES NO		swick Rd.	•
no who	14 FA	THER'S NAME FIRST	MIDDLE LAS	1	15 MOTHER'S MAIDEN NA.	WE		AST
VIII. 1200		/illiam	Wilso		Annie		Hyse	<u> </u>
P. Wan		/AS DECEASED EVER IN U.S. AR ES. NO OR UNKNOWN) (IF YES GIV	MED FORCES? 166 SOCIAL E WAR OR DATES)	SECURITY NO.	17 INFORMANT	ADDRE	SS	
3 = 2		No	234-6	2-5632	Jane Mart	in S	ame	
1		18 CAUSE OF DEATH (Enter on PART), DEATH WAS CAUSE	ly one cause per line for (a), (bi, and ic			APPRO BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
1 20			E CAUSE (0) Cardio	vascular	collapse			
th co			DUE TO, OR AS A CONS	SEOUENCE OF	. 1 . 0	1		
\$ 100 EX		Conditions, if ony, which gave rise to immediate	(16) acute	myoca	ordial interc	tion	ス	days
the there		cause (a), stating the underlying cause last	DUE TO, OR AS A CONS	SEQUENCE OF	1			
that they they they they to they they they they they they they they			(c) ischem					years
equires signe Then To bur njury,	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	S TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONE	DITION GIVEN IN PART	Iral
× 0 + 0	CERTIFICATION	Sepsis	19b. CONDITION FOR W	HICH OPERATIO	NI WAS DEDECTORATED	20g AUTOPSY?	206, IF YES, WERE FIND	INICS LISED
he low on. hos bi perm eng pr	FIC.	11	178. CONDITION TOR W	THICH OFERATIO	IN WAS PERFORMED		IN CERTIFYING CAUSE	S OF DEATH?
F 5 9 8 6 5	ERTI	None	216. TIME OF INJURY		21c. HOW INJURY OCCUR	PED (SATER ANATURE OF INJURE	YES D	NO S
ICIAN: 3 phys entifico fol-fron ritol H		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH		THE TOTAL POLICE ON	(ENTER NATURE OF INJUR	THE NEW TO PART I OR PART 2)	
S o o o o o	MEDICAL	(IF EITHER NOTHY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION			
PHY frendi the bind w	ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY, O	FFICE, FARM, ETC.)	STREET	CITY OR TO	wn COUNTA	STATE
OINC or o or o Afte e os olth mork		22a.l certify tha (1) this hospi	tal) attended the deceased f	com Augus	10 85	10 August	3 10 85	that (h' (we) lost
OR OR			August 3	19 850 01	nd that in (my) (our) opinian			e causes stated
OR AT DIRECT DIRECT Sched to Dept o	1	27. SIGNATURE	ti view the dady after death.		DEGREE			TE SIGNED
O 5 O 5 O 7		Am 11 P1	1 1 to		ATTENDING PHYSICIAN	MEDICAL STAF	F. Der 0-1	3-85
OSPITAL ed by the UNERAL d be det the Stote		22 PHYSICIAN'S NAME (TYPE O	R PRINT)		220 ADDRESS Johns		osp;tel) 64
₹ # # # # \$ Z O #		Mondal R	Chabot M.D.		600 N. Wolfe St	1,	1 1	21205
of of shape of of shape of of shape of of shape	23a B	URIAL, CREMATION, REMOVAL	23b DATE	230 NAME OF C	EMETERY OR CREMATORY	23d LOCATION		4 1×00
BP	1	moval-Burial	8-5-1985	Ridge		Huntingto	on	W. Va.
		INERAL DIRECTOR		,		E REC'D. BY REGISTRAR		
DHMH - 16 60M 7/B4 (VRA 15. 4)	-	lenry W. Jenk	ins & Sons *C	o. Bal		0 0	v	

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Hence M. sending a social state, No.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	**
I. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
JEROM	Œ A. G	ASKINS	AUGUST 23 1	985 3.50 AM
3 SEX	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
Male	Black	4 6 12	73 YRS	MIN.
70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	Y OF DEATH
Virginia	U.S.A.	WIDOWED X DIVORCED	BALTIMORE CI	ETY, " MD.
TO CITY OR TOWN OF DEATH		OG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
BALTIMORE	CHURCH HOME		(TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY
USUAL RESIDENCE (IF NURSING HOME 13a STATE 13b CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE		13e STREET ADDRESS / ZIP COI	DE .
Maryland	Baltimo			le Street2121
14 FATHER'S NAME		15. MOTHER'S MAIDEN N	AME	
Phillip	G. Gaskin	ns Hattie	MIDDLE F.	Robinson
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECU		ADDRESS	TODE LIBOT
(YES NO OR UNKNOWN) (IF YES (218-07-	-0089 Nancy Gas	kins 4717 Dunc	cannon Road
18 CAUSE OF DEATH Enter	only one couse per line for 10 , (b), and			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAU		PULMONARY ARRES	zm	
WWWEDT	DUE TO, OR AS A CONSEQUE			
Canditians, if any, which		OMA OF PRASTATI	BLEEDING	/
gove rise to immediate	DUE TO, OR AS A CONSEQUE			- // Total
underlying cause last	DOE TO, OK AS A CONSCOOL	ENCE OF		
PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 11a
PNEUMON 190 DATE OF OPERATION 8/21/85 210 ACCIDENT WAS UNDERLYING	IA SHOCK LUNG	BLEEDING POST	r OP	
190 DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
图 8/21/85	CARCINOMA	PROSTATE	37-	YES NO
210 ACCIDENT WAS UNDERLYING		216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM IS	PART (OR PART ?)
OR CONTRIBUTING CAUSE OF E	DEATH	19		
(IF EITHER, NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE	21e. PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
AT WORK		Add, ETC)		
22a certify that (1) (this has	spital attended the deceased from_			19_85_, that (1) (we) lest
saw the decreased alive above, (1) (we) (did) (did	AUGUST 23 19	85, and that in (my) (aur) opinial	n death occurred an the date and he	our and fram the causes stated
226. SIGNATURE	n. 2011 Dea	DEGREE		22c DATE SIGNED
00.	male	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
224 PHYSICIAN'S NAME (TYP	E OR PRINT)	22e ADDRESS CHUI	RCH HOSPITAL C	ORPORATION 123
PRASAD SO	MPALLI M.D.	100 NORTH	BROADWAY BALT	I MARYLAND

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

230 BURIAL CREMATION, REMOVAL BURIAL 236 DATE 8/28/85 236 NAME OF CEMETERY OR CREMATORY Baltimore,

Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Wm C March F/H Inc. 1101 North Avenue

lia Davidson Pandalle



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5

1	REGISTRAR								REG. NO.				
DEC	EASEPNAME	FIRST	,	MIDDLE	ı	AST		20 DATE OF D		HINO		YEAR	2b. HOUR
-	Caranini I	ILLIAN	I	Α.	(-	AUER			2	8	31 - 8	85	5:15P.M
SEX.			RACE		5. DATE C	OF BIRTH		6. AGE (IN YEAR	S LAST BIRTH	DAY)	IF UNDER		IF UNDER 24 HRS
1	Female		/v /	White	6 6	3 DAY	1900	8	5	YRS	MONTHS	DAYS	HOURS MIN.
le. Bill	RIMPLACE IN ATE OR	FOREIGN 71	CITIZEN OF	WHAT COUNTR	RY? 8	D NEVER M	ARRIED 🗍	9 BALTIMORE	CITY OR	COUN	TY OF DE	ATH	
M	aryland		U.S.	Α.	WIDOWE		ORCED	Balt	mor	e	City	7	MD
0	HMORE	ATH 1		HOSPITAL, NUR H FACILITY, GIVE STE LES HO.		OR OTHER INSTI	NOITUT	Tailo	MOSTOF V		LIFE) INDI	ustr C	lothing
JSUA	AL RESIDENCE (IF NURS	136 COUNT		Be CITY OR TO	FOR ADMISSION) OWN	13d. INSIDE CIT	TY LIMITS?	130 STREET AD 4504 D	DRESS /	ZIP COI	PE Rd	Ba	102127
4.FA	THER'S NAME	MI	DDLE	LAST	X III	15. MOTHER'S	MAIDEN NAA		MIDDLE			145	T
	Joseph	A11	1	Vilka	uskas		Elizab				F	Bene	ciunas
	AS DECEASED EVER			166 SOCIAL SE		17 INFORMAN			ADDRES	S			
(1)	ES NO OR UNKNOWN)	(IF YES GIVE V	WAR OR DATES)	216-01	2 8050	Virgin	ia M.	Dean 18	09 De	esote	o Rd.	. 2	1230
	18 CAUSE OF DEAT	H rEnter anly	ane cause per	line far (a), (b),	and ic							APPROXI	MATE INTERVAL
	Canditions, if any, gave rise to improve (a), static underlying cause	mediate ng the	DUE TO, O	RAS A CONSEC RAS A CONSEC	MOM	7 0F 1		reas					
100	gave rise to improve cause (a), statin	, which nediate ng the last	DUE TO, OI (b) DUE TO, OI (c) ONDITIONS CO	R AS A CONSEC PR & CONSEC CONTRIBUTING 1	OUENCE OF	7 0F 1	PANCI	INAL DISEASE C	24.5	20b. IF Y	ES, WERE	FINDIN	IGS USED OF DEATH?
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DHMH - 16 60M 7/84

Hubbard Funeral Home, Inc.

(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

21229 4107 Wilkens Ave.

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				STATE OF MARYLAND		
218043	FOR		DEP	ARTMENT OF HEALTH AND MENTAL	HYGIENES 2	2 2 0 0
1		ISTRAR		CERTIFICATE OF DEATH	REG. NO.	
(6)	I DECEASI	ED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONT	H DAY YEAR 26 HOUR
り	(TIPE OR PRI	Mary	An D	Gaver	8/1/85	5:23 pm
E d b	3 SEX	11100	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	F UNDER 1 YEAR IF UNDER 24 HRS
s off	1	Male	White	MONTH DAY YEAR	73	MONTHS DAYS HOURS MIN.
a pag	7a BIRTHPI		76 CITIZEN OF WHAT COUN		9 BALTIMORE CITY OR CO	
nero nero	COUNT	WT)	USA	WIDOWED DIVORCED	_ 4/ - 1	o City MO
PO JAMES DO	10 CITY OF	TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
the total	Bas	timore me	University over	1 11. 11 11 11 11 11 11 11 11 11 11 11 1	Acc't - Mane	RENGLIFE) INDUSTRY
, p	USUAL RES	SIDENCE (IF NURSIN I DAE	OR OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)		=
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by by oth		erlying couse last		tastatic renal	cell cances	
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The si	NO O					
ow re	CERTIFICATION 130 C	ATE OF OPERATION	195 CONDITION FOR W	HICH OPERATION WAS PERFORMED	, 20a AUTOPSY? 20b	. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
hos ne pe	F	8/1/85	bronch	ial obstruction	WES NO	YES NO
hysicie fricate rronsit 118 shd	21a	ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN I	TEM 18 PART I OR PART 2)
ding physics is certifical burial-train Mental Hy	J OR C	ONTRIBUTING CAUSE OF D	C. STILL	19		
F & G & F	WEDICAL 21d	INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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NDING I or at I or at	22a. I	certify that (I) this has	pital) attended the deceased I		5 , to Aug. 1	, 19, that (I) (we) last
spito CTO Ifor of h	3	new the decement of we a	not) view the body ofter deat	ond that if (my) (our) opi	nion death occurred on the date of	nd hour and from the causes stated
OR A DIRECT DIRECT DEPT.	22%	SIGNATURE	THE	Overlangerout.		221 DATE SIGNED
TAL OR y the hor AL DIRE detocher orte Depr		Henr	Willett	ATTENDIN PHYSICIA		8/1/85
OSPI ed b UNE d be si be si be	224.1	PHYSICIAN'S NAME ITTE	OK PRINT)	AGRAY 220 ADDRESS		
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7 2 2 4 4	230 BURIA	L, CREMATION, REMOVA		23c NAME OF CEMETERY OR CREMATO	CITY OR TOWN	COUNTY STATE
BP		Burial	Aug 5 1985	Myersville Metho		le Maryland
DHMH - 16 60M 7/B4	N	AL DIRECTOR	ADD	RESS	AUG 2 1985	REGISTRAR'S SIGNATURE
(VRA 15, 4)	Le	onard J. Ru	ck, Inc. Balt	imore, Maryland	AUG 2 1985	The sample of th

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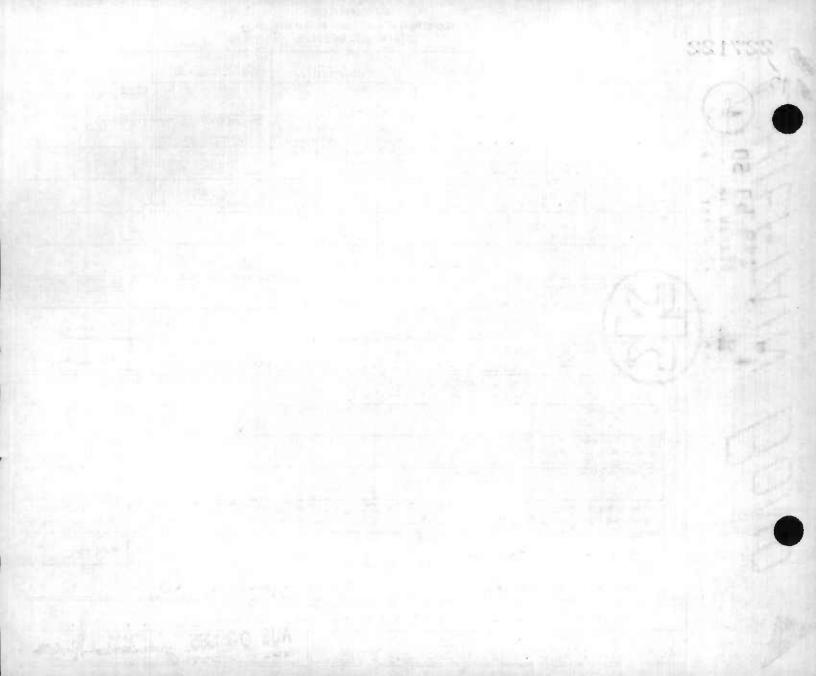
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYEJENE

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7	100	REGISTRAR		CERTIFICATE OF DEATH REG. NO.							1
	(TYPE	CEASED NAME OR PRINT)	JOHN		Bernard		GEAGAN AR	AUG.4,19	MONTH DA		9:25AN
		ale		White		5. DATE C MONTH		6. AGE LIN YEARS LAST BIR	YRS	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
7	Ma	RTHPLACE (STATE OR P COUNTRY)		U.S.A		WIDOWE		9 BALTIMORE CITY O	E CITY		WE
			TIMOR	E JOHN	SHOPKIN	SHOSI	PITAL	128 USUAL OCCUPAT (IYPE OF WORK FOR MOST O Union Office	DE WORKING LIFE	126. KIND C INDUSTRY SEIU	OF BUSINESS OR
5	Mar Mar	ryland	136 COUN		Beltsvi	N	13d. INSIDE CITY LIMITS?	30-STREET ADDRESS 4602 Barba	zip code ra Dr.	207	705
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2	16a W	NAS DECEASED EVER YES NO OR UNKNOWN)		NED FORCES?	020-24-7		Wendy Geagan	same as	1		
Į	1	18 CAUSE OF DEATH PART I. DEATH W	H (Enter only	y one couse per BY: CAUSE (o)	line for 101, 161, on	d (c	npotensión			BETWEEN	MATE INTERVAL ONSET AND DEATH
	Sec.	Conditions, if any,	which		FUNGEL		15			48	lays
Ŋ		gove rise to imm couse (a), statin underlying couse	g the	DUE TO, OF	AS A CONSEQUE		CHANGETTE	leukemia	158	16 .	nonths
	NOI	PART 2 OTHER SIGN	NIFICANT C	SHOITIONS CC			NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVE	N IN PART 10	а
1	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20€ AUTOPSY? YES ♥ NO □	20b. IF YES, IN CERTIFYI YES	WERE FINDIN ING CAUSES	OF DEATH?
7		210. ACCIDENT WAS UNE OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	CAUSE OF DEAT	HOUR A./	M. MONTH DA	YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	1 OR PART 2)	
	MEDICAL	21d INJURY OCCURE	ILE 🗌	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY OFFICE F	ARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		22a.1 certify that (1) sow the decease obove (1) Die (1)	his hospited alive on	ol) ottended the	deceased from	5 ,01	id that in (my) (our) opinion	death occurred on the d		ond from the	tho (we) lost couses stated
		226 SIGNATURE	2 m	. 200.			DEGREE ATTENDING PHYSICIAN [MEDICAL STA	FF CIAN M	22c DATE	
-		22d. PHYSICIAN'S NA		Ellison			220 ADDRESS	pkins Hosp	ital		
		BURIAL, CREMATION, (SPECIFY) Buria		236 DATE 8-10-1			emetery or crematory oss Cometery	23d LOCATION CUIVOR TOWN Culver Ci		COUNTY Cal	STATE
	24 FL 44(00 Powder	Donald Mill F	V. Bor Rd. Belt	gwardt sville,	Md.	20705 25a A		25b. REESISTRA		

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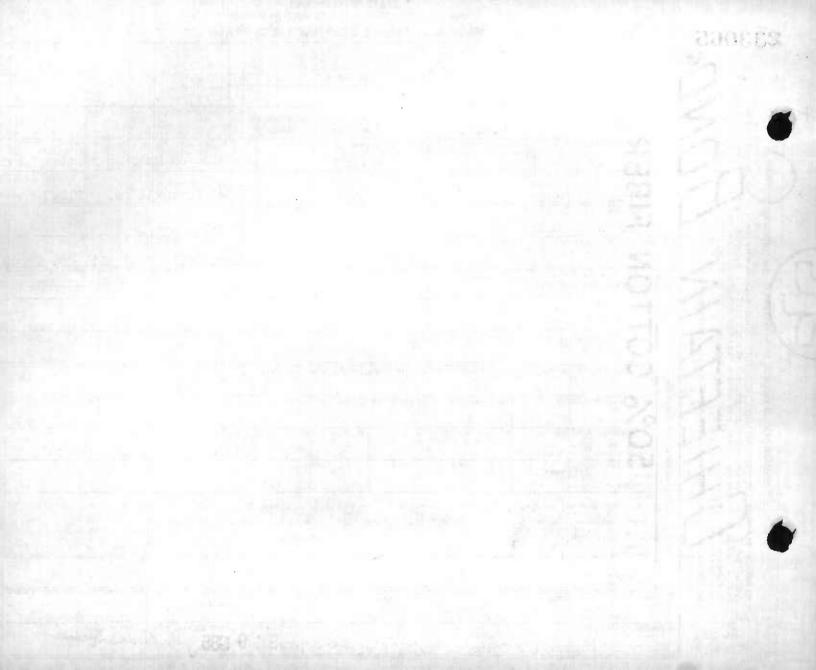
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 233065 REGISTRAR DECEASED NAME O. DATE KNOWN X MONTH DAY LIVE OF PRINTS ESTI-KEVIN DEATH MATED J. GEFFERT 8 16 19 85 4 RACE 6 AGE (IN YEARS SEX S. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED White Nov. 29, 1964 20 DEAD 19 85 Male 16 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH RIRTHPLACE (STATE OF MARRIED NEVER MARRIED X Pelaware U.S.A. WIDOWED [DIVORCED Baltimore City & CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Serviceman Pumping Systems Baltimore University Hospital (STU) Inc SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVERESIDENCE BEFORE AGMISSION) 3g. STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Fonthill Dr. Ellicott City YES [NO [] 4114 21043 Maryland Howard 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST LAST Walter H. Geffert Sandra Hurtt 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO No 215 94 8516 4114 Font Hill Dr. Walter H Geffert CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: Cranio-cerebral trauma ED AS A BURIAL - TRANSIT PER HEALTH AND MENTAL HYGIEN L, CREMATION, OR REMOVAL IMMEDIATE CAUSE (g) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ICATE WRITING

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TORE PAGE 3 SHOULD BE USE

THE STATE DEPARTMENT OF PAGE 100 PRORTOR YES NO KI 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR XXXX MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 12:20 8-15-Operator of motorcycle that lost control. 19 85 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY WHILE AT WORK PAGE 4 SHOULD BE FORWARDI TO FUNERAL DIRECTOR: PAGE: AFTER DEATH, WITH THE STATE D BALTIMORE, MARYJANQ, 21201 road 6500 blk. Dobbin Rd. Howard MD Inspection K 220. I certify that I took charge of the remains described above, held an Autapsy Inquiry and in my apinion death resulted fram: Natural causes Suicide Hamicide L Undetermined manner TITLE (SPECIFY) ACTUAL SIGNED_8-17-85 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. Penn St., Balto., MD 21201 (TYPE OR PRINT) 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY Burial Aug 19, 1985 Crestlawn 07/84 Howard, Maryland 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR, 256 REGISTRAR'S SIGNATUR DHMH - 17 (VR A15 ME (5)) Harry H Witzke 4112 Columbia Rd Ellicott City



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE

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MEGISTRAR				CERTIF	ICATE OF DI	EATH		REG. NO			
MECEASED NAME	FIRST		MIDDLE	1	LAST		20 DATE OF			DAY YEAR	2b. HOUR
OR PRINT)	KMMXM	XXX WILLIAM J GETSH			ALL		AUGUST 3,1		1985 11:40A		
SEX		4 RACE		5. DATE C	OF BIRTH		6 AGE (IN YE			IF UNDER I YEAR	IF UNDER 24 HRS
Male		White		10			68 yrs		MONTHS DAYS	HOURS MIN.	
	ACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY?		Y? 8	8		9 BALTIMORE CITY OR COUNTY OF DEATH					
Maryland U.S.A.				MARRIED XX NEVER MARRIED WIDOWED DIVORCED		Baltimore City			M		
O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL,			ING HOME OR OTHER INSTITUTION			120 USUAL C	ISUAL OCCUPATION 126, KIND OF BUSINESS			OF BUSINESS OF	
Baltimore Church Ho				ACILITY, GIVE STREET ADDRESS) OSpital			(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Mechanic Auto				
SUAL RESIDENCE ()	F NURSING HOME O	R OTHER INSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSION)	1124 INISIDE CIT	TV DIAAITCO	Ing. STREET A	DDDESS /	710 COD	NE .	
Maryland Baltimore		136 INSIDE CITY LIMITS? Dundalk YES □ NO 🔀		7632 Dunmanway 21222			2				
FATHER'S NAME	į daro.	WIDDIE	LAST		15 MOTHER'S	THER'S MAIDEN NAME					
William	S.		Getsha	11	Marg	IRST		WIDDIE		Saffr	
60 WAS DECEASED	EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SE		17 INFORMAN			ADDRES	SS	Darii	a.i.
Yes, NO OR UNKNOW	WW (IF YES, GI	VE WAR OR DATES)	220-01	-1621	Margar	et M.	Getsha	11	Same	as 13e	
18 CAUSE OF I	DEATH (Enter o	nly ane cause per	line for (o), (b),	ond (c)							XIMATE INTERVAL
PART I. DE A	TH WAS CAUSI	ED BY:	one couse per line for (o), (b), and ice i BY: CAUSE (a) XXXXXXXX CARDIOPULMONA!					EDTATE			
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MARCH 21a. ACCIDENT W		196 CONDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED					
MARCH 1985		TSCH	ISCHEMIC BOWEL				YES NO YES NO NO				
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4	mj	hu	1	MM		TENDING HYSICIAN [MEDICAL DIRECTOR	STAF	AN 🗌		3,198
GARY	KRUH				22e ADDRESS	CHURC	CH HOS			ORPORA	TION,
230. BURIAL, CREMAT	ION, REMOVAI	236 DATE	23	NAME OF	EMETERY OR C		23d LOCA	TIÓN		YINUOS	STATE
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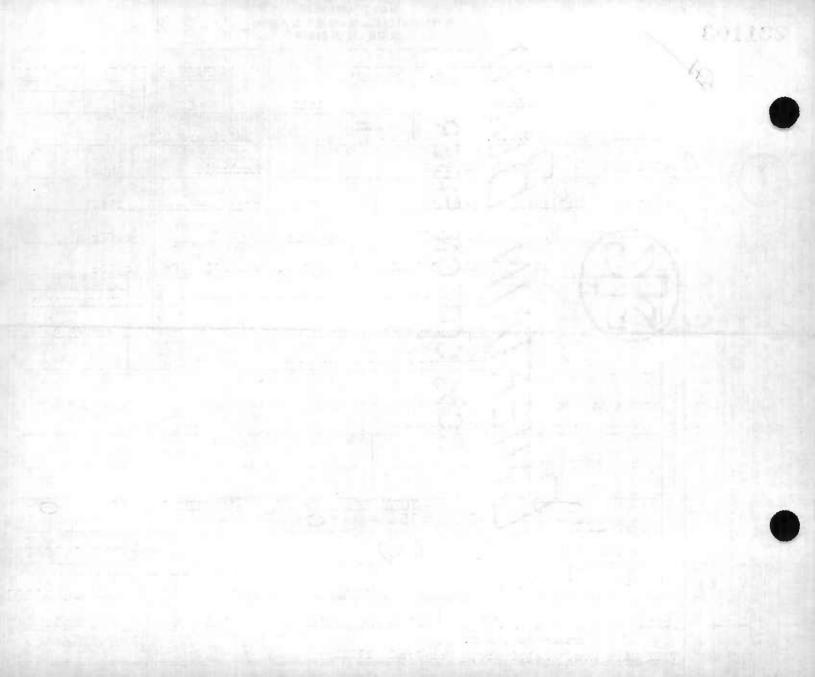
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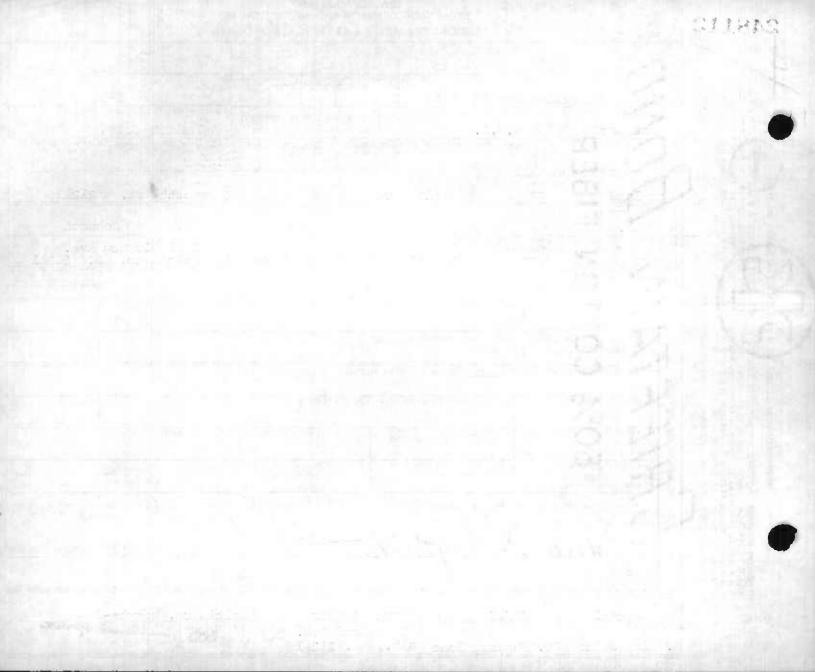
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DHMH - 16 60M 7/84 (VRA 15, 4)

7922 Wise Ave.



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A 555 A	100	ES, NO, OR UNKNO		WE WAR OR DA								363	3 Hic	kory	Ave.	
A ANTON		No				217-	-32-769	5	John :	Blank	enshi	p Bal	timor	e, Md	. 212	11
N W W		18 CAUSE O	F DEATH (Enter	only one ca	use per line	for (a), (b)	, and (c).)								APPROXIMATE BETWEEN ONSET	INTERVAL
A SASSA		PARTIDE	EATH WAS CAUS	SED BY:	Ar	terio	sclero	tic	Cardio	vascu	ılar	Diseas	e	-	BEI MEEN ONSEI	AND DEATH
5 2E3E83		ALC: U	IMMEDI				ISEQUENCE (22119	
M ANAGEN		Conditio	ns, if any, which	ch												
A EDAKER			se ta immedia		(b)											
A SERVICE		lying cau) stating the <u>unde</u> use last.	D D	UE TO, OR	AS A CON	ISEQUENCE (OF								
S PANAGO				((c)											had.
AND SERVED OF		PART 2 OTHER SI	GNIFICANT CONDITION	NS CONTRIBUTI	NG TO DEATH	BUT NOT RELA	TEO TO THE TERM	INAL DISEAS	E OR CONDITIO	N GIVEN IN PA	RT 1 (a)					
RECORDS LD RE EXEC PENDING PENDING AS A BUIL REALTH AN REALTH AN	No.	Fire Land														
L REC ULD BE ULD BE ED AS L CRI	CERTIFICATION	190 DATE OF	OPERATION	1	% CONDIT	ION FOR	WHICH OPER	ATION V	AS PERFOR	MED?				1	20 AUTOPSY?	
	1 %	100													u=- []	373
> 200 25 2	1 8	710. EXTERNA	AL CAUSE WAS	2	Ib. TIME OF	INTURY		121c H	OW INTERV	OCCUPPE	D (ENTERN	ATURE OF INJURY	IN 17544 10 RAI	17 1 OR BARY OL	YES [но ХХ
S S S S S S S S S S S S S S S S S S S		UNDERLYING	G DOR				DAY YEAR	1	OW HOOK	OCCORRE	D (EMIEKI	ATOKE OF INJUK	IN HEM 18 PAI	ti i OKPARI 2)		
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DIVISION S CERTIFIC RITING TH RDED TO 25 3 SHOU TE DEPART OI PROG	MEDICAL	214 INJURY C		_ 2	TE PLACE C	ORY, FARM, ET			CATION			CITY OR TOWN		COUNTY		STATE
ARREAD D	1	AT WORK	NOT WHILE					900				C O 10 VIII		0001411		JIAIL
RWW ST. 2		22-1		()(-						Inspection	₩.		1			
■250mm		1000	fy that took cho			/		Autop	-		_	Inquiry L		in my apinio	on	
SEMMES.	1	death result	ed from No	tural causes	LXX	Accident	LI, Sui	cide L	, Hamie	ide	Undete	rmined mann	er,			
See Bee		ACTUAL /	1/h.	1 7	1-1	6	1. 1	4		PECIFY)					0 03	0.5
CAL EXA SHOULD BRAL DIR PRAL DIR PRE, MAR	1	SIGNATURE.	Mille	14	VP	regy	11/11	(1) N	LD. ASS	istan	E_MEDI	CALEXAMIN	ER	DATE SIGNED_	8-31-	85
A SE	V	EVALUEDIC	NIAME T			.1										
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PACE: 4 SHOUD BE FORM TO ENURBED DIRECTOR; P AFTER DEATH, WITH THE ST BASTIMOPE, MARYLAND; 2		EXAMINER'S (TYPE OR PRI	NT) Den	nis F	. Smy	th, M	L.D.		ADDRESS_	111 1	Penn	St., E	Balto.	, Md.	2120	1
525 548 525 548	23a. B	URIAL, CREMA	TION, REMOVAL	23b. DATE		23c. N	NAME OF CEA	AETERY C		ORY	23d. LO	CATION				******
07/04 00	(SPECIFY)		9/3/	05						CITY	NWOIR	34	COUNTY		ATE
07/84 BP	24. F	Buri		1 3/3/	83	I WC	odlawr			750 DAME		timore	75h REGIST	PARASIGN	What a	
DHMH - 17		NAME			ADDRESS		3818 F	olar	d Ave	SE	3	1985	June 2	and done	Mondon	4.
(VR A15 ME (5))	A.	Alan S	eitz, Jr	. Fun	eral	Home	Balt.,	Md.	2121	L		(



STATE OF MARYLAND

26090 Y- FOR REGISTRAR				DEPARTMENT OF HEALTH AND MENTAL HYBJENE 5 2 2 2								0	0 5		
90	Z	REGISTRAR						ATH		reg, no			8.	8	
31		OR PRINTI	FIRST		WIDDLE		AST		20 DATE OF DE			DAY	YEAR	2b. HOUR	
4		- '	RITA		В.		IBSON		AUGUST		_		ER I YEAR	7;20 MF	
15	3 SE			4 RACE		5 DATE C	DAY	YEAR	6. AGE (IN YEARS	S LAST BIRT	HDAY)	MONTHS	DATS	HOORS MIN.	
	-	male	005/51	White	WHAT COUNT	2	16	12	9 BALTIMORE	CITYO	YRS	V OF D	CATM		
5		OUNTRY)	OREIGN		WHAT COUN	MARRIEI	NEVER M					TOPD	EAIN		
4	100	ryland TY OR TOWN OF DEA	TH	USA	HOSPITAL NU	WIDOWE IRSING HOME C		ORCED []	Baltim:			126	KINDO	F BUSINESS OR	
				(IF NOT IN SU	CH FACILITY, GIVE S	TREET ADDRESS]			(TYPE OF WORK FO	R MOST OF		LIFE) IN	DUSTRY	200 W 200 OK	
		Itimore	NG HOME OR	CHUICH	HOSPITE	al Corp.			Housewi:	re			lome		
ı	3a S	TATE	43P CONN	TY	13c. CITY OR	TOWN	134 INSIDE CIT	_	13e STREET ADD						
	_	ryland	Balt	0.	Dunda	LK	YES 15 MOTHER'S	MAIDEN NA	4070 St.	. Mo	nica	Dr.	Bal	to Md 21	
1	/	F (RST		AIDDLE	LAST		F	IRST		HDDLE			LAST		
4		trick VAS DECEASED EVER	J		Owens	SECURITY NO.	Mary 17 INFORMAN	ıT		ADDRE	cc	Du	ınn		
/		(ES, NO OR UNKNOWN)		WAR OR DATES						ADDICE	33				
1	INO				215-0.	3-9428B	Edward	R. Gib	son	S	ame a				
١		18 CAUSE OF DEATH PART I. DEATH W.	I (Enter onl	y one couse pe								-	BETWEEN	MATE INTERVAL DISET AND DEATH	
IMMEDIATE CAUS						CONGES	LIVE C	ARDIO	MYOPAT	HY					
				DUE TO, C	R AS A CONS										
				(b)_		ISCHEM	IC HEA	RT DI	SEASE						
		couse (a), stating	g the	DUE TO, C	JE TO, OR AS A CONSEQUENCE OF										
		underlying couse	IOST.	((c)_											
	N	PART 2. OTHER SIGN	IIFICANTO	ONDITIONS <u>C</u>	iditions <u>Contributing to death</u> but not related to the term					RCON	DITION G	IVEN IN	PART 1:0)	
7	FICATION	19a DATE OF OPERAT	ION	19% CONDITION FOR WHICH OPERATION WAS PERFORMED					20a AUTOPSY? 20b. IF YE				ES, WERE FINDINGS USED		
1	FIC								YES ON	o X		IFYING	CAUSES	OF DEATH?	
7	CERT	21a. ACCIDENT WAS UND	ERLYING [216 TIME C	OF INJURY		21c HOW INJ	URY OCCUR	RED (ENTER NATUR		1		R PART 2)		
		OR CONTRIBUTING C		111		DAY YEAR									
ı	DICAL	21d INJURY OCCUR			OF INJURY	19	21f LOCATIO	N	10 100						
١	MEDI	WHILE NOT WH	ILE [(AT HOME, 51	REET FACTORY, OF	FICE, FARM, ETC)	STREET		C	ITY OR TOV	VN	((OUNTY	STATE	
		22a I certify that (I)		all attended t	ne decensed for	om AIIGII	2m 02	10 85	to ATICI	TOT	07	10 0	5 .	that (I wallart	
		sow the decease above, (ly we do	d olive on	AUCHE	Γ <u>Ω'</u> 7	19_05_, ar	d that in (my	our opinion	deoth occurred o	n the do	ite and ha	our ond	from the c	couses stated	
			id) did not	ASK HELDE	ofter death.		DEGREE						2c. DATE S		
22b. SIGNATURE		Y	The 1	. /	Al	TENDING	MEDICAL	STAF		/	0/	7/00			
		22d. PHYSIQIAN'S NA	ME (1785 C)	- A.	Jula	N			DIRECTOR			DDO	0/	//03	
					PDO M	D			H HOSP						
_	-	LUZIMIN							BROADW		BALT	υ,	MD.	21231	
	23a. E	BURIAL, CREMATION, I	REMOVAL			23c NAME OF C	EMETERY OR CI	REMATORY	23d LOCATIO			cour	NIY	STATE	
		rial		8-10-	85	Sacrd H	t. of J		Dundal			Balt		MD	
	24 FI	UNERAL DIRECTOR			ADDR	ESS		AVIG DAT	P TORE	STRAR	25 TREGU	IRAR'S	Salkar	des (
	Du	da-Ruck, In	nc. 79	922 Wis			Md. 21	222	2 1000	1				4	

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STATE OF MARYLAND

FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	2 2 2	0	5
1 DECEASED NAME FIRST (TYPE OF PRINT) BETH		G	ILDEN	20. DATE OF DEATH	MONTH DAY	1985	4:00 AM
FEMAVE	CANCASIA		1. 4 1926	6. AGE (IN YEARS LAST BI	YRS.	HS DAYS H	FUNDER 24 HRS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COL	MARRIE	NEVER MARRIED DO DIVORCED DO D	9 BALTIMORE CITY OF	more	CITY	MD.
BANTIMORE USUAL RESIDENCE OF NURSING HOME OF	(JE NOT IN SUCH FACILITY, GI	REW BERI	ATRICA HOSPITA	(TYPE OF WORK FOR MOST HOUSEWI	OF WORKING LIFE) I	AT H	HOME
130. STATE MRY VM7 14. FATHER'S NAME		TIMIRE	13d INSIDE CITY LIMITS? YES NO [RK HTS.	UNIT	303
SAMUEL	MILI		EDNA	MIDDLE ID GILDENDOR		NHEIM	
160 WAS DECEASED EVER IN U.S. AR	VE WAR OR DATES	22-0840	17 INFORMANT DAV		BALTO.,	MD 2	21215
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A COM (b) DUE TO, OR AS A COM (c) CONDITIONS CONTRIBUTING	NSEQUENCE OF	NOID HEMO	RINAL DISEASE OR COM	ndition given II	N PART 1/0	
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATIO		200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	G CAUSES OF	
OR CONTRIBUTING CAUSE OF DE	P.M.	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTERNATURE OF INJE	URY IN ITEM 18 PART 1	OR PART 2)	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY	OFFICE FARM, ETC.)	214 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
220 I certify that \$\frac{1}{2}\$ (this hosp saw the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE)	ital) attended the deceosed	19	d that in (my) (aur) apinion of	deoth accurred on the c	Jate and hour and	-	
22d. PHYSICIAN'S NAME (TYPE C ESTRELITA	DR PRINT) O. KW		ATTENDING PHYSICIAN [REW GERIA	TRIC CON	16R+1	1887. TA
230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE AUG. 15, 198		EMETERY OR CREMATORY WYOUNG MEN	23d LOCATION B'AL'TIM		UNIY MARY	
24 FUNERAL DIRECTOR SOL LE NAME 6010 REISTERSTOW	A	DDRESS	1215 AU	G 2 O 1985	25b. REGISTRAR	SSIGNATUR	Hell

21215

DHMH - 16 60M 7/84 (VRA 15, 4)

6010 REISTERSTOWN RD. BALTO., MD

Amir Christian College

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ENERGY ATTEMPT OF THE STREET

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A.W. Taranta and A.W.

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DHMH -

0	FOR - STATE		DEPA	RTMENT OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	DENE 5 2	2 2) /
3	REGISTRAR MADE DECEASED NAME	Unifred Winified	A. Gillec	Gill	ece.	REG. N 20. DATE OF DEATH 8-16-8	MONTH DAY YE	26 HOUR 0049
	SEX Femal	Q 7b C	Nite.	5 DATE OF MONTH	DAY YEAR - 25 - 09	6. AGE (IN YEARS LAST BIR	YRS PROUNTY OF DEAT	DAYS HOURS MIN.
Wie Line	altimore	1	US, A.	MARRIED WIDOWED	DIVORCED DIVORCED	Baltimo!	e City	MD.
70	Ba Himore	CYTY U	hiversity of my	oryland	Hospital	Home ma	ker 31157 0	01.50
60	FATHER'S NAME THE CHIT WAS DECEASED EX 115, NO ON WHO WHO	Carrol HODGE ER IN U.S. ARMED 19 HELDISE WAA	Westm	inster CURITY NO	S. MOTHETS MAIDEN NA S. MOTHETS MAIDEN NA 12. INFORMANT West Mrs. Nary	minister		Vallon
NOINE	Conditions, if a give rise to count to winderlying and part 2 OTHER S	immediate pring the use list.	DUE TO OH AS A CONSELLATIONS CONTRIBUTING TO	QUENCE OF	IOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES, WERE F	INDINGS USED USES OF DEATH?
7	On COLUMNIA COM CO	CAUSE OF DEATH	P.M.	DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU		
7	220. I certify that saw the decabave, (1) (w) 22b SIGNATURE	(1) this haspital) a	0	m 1/2	that in (my) (our) opinion EGREE ATTENDING PHYSICIAN [27e ADDRESS		ate and haur and fram	. that (1) (we) last
	BURIAL, CREMATIC	al 8	/19/85 1	lew Cat	METERY OR CREMATORY	23d LOCATION CITY OF TOWN THE TETU-BO	to. Na	ryland
784	FUNERAL DIRECTOR	Sterlin ndson Av	e.; Catons	bille,	P.A. 250 DA Md. 21228.	REC'D. BY REGISTRAR	25b. REGISTRAR'S SK	MANAGARAGE

STAN STAN A REPORT OF THE PROPERTY OF TH ALL THE PROPERTY AND A STREET A Parto da de latream de latream de la legatory-sello., s'orginad The community of the section of the

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE S CERTIFICATE OF DEATH

	1 1000	PEACHER MANNE			with the same		1467		DATE OF F	EATH.		DAY	VEAR	8) ++O++D	
П		CEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF D	PEAIN	HINOM	DAY	YEAR	26 HOUR	
И	100	25/4/20	Melvi	n	7	(7.	ttere.				2	5	38	934	Du
	1. SEX			4. RACE		15 DATE	OF BIRTH	-	6. AGE (IN YEA	RS LAST BIRT	HDAY)	IF UNDI	RIYEAR	IF UNDER 24	I HRS
		W	5 10 10 5	1 .		MON	TH DAY	YEAR	The latest			MONTHS			MIN,
	- 3	11.7	30 100	V		1.	21. 23/	33	25	7	YRS		- 1		
21	AL BE	RTHPLACE (STAT	TE OR FOREIGN	Th CITIZEN OF	WHAT COUN	VTRY? 8	NO		9 BALTIMOR	E CITY OF	COUNT	Y OF DE	ATH		
1		COUNTRY		1	15		NEVER MA		R	. 14		CIL			
4	100	111		11 111111 25	, ,	WIDOV		ORCED .		au	-80	CCF	9		MD.
	M CI	TY OR TOWN OF	DEATH			STREET ADDRESS)	OR OTHER INSTIT	UTION	120 USUAL OG				DUSTRY	F BUSINES	SOR
Ŏ.	1	tout-	tr 1	1200	0	6 Mc	& Hes	2		hau					
	USUZ	AL RESIDENCE I	NURSING HOME OR	OTHER INSTITUTION	N. GIVE RESIDENCE	E BEFORE ADMISSION	111	1							_
Æ,	Idu. S	TATE	13 ZOUN	TY	13c CITY OF		13d. INSIDE CIT		13e.STREET AD	DRESS /	ZIP CO	E C) 1	-112	1-
1		10(allo	Peis	Distour		10/0	218	Hom	eva	CO 16	a	2113	0
2	7 FA	THER'S NAME	_	AIDDIS.	LAS	c †	15. MOTHER'S			MIDDLE					
$\gamma_{\rm J}$	1	Dillia	m G	itte	-P-	31	A.	RST		MIDDLE	7	1	DIA		
2	14- 44	VAS DECEASED E		AED EODCESS	THE SOCIAL	L SECURITY NO.	17 INFORMAN			ADDRE:	35	-146	29		
7		res, NO OR UNKNOW!		WAR OR DATES)				7							
-		ues	4		218-	32-420	4 -	Mrs.	Jean G	itt.	ere	27	8 H	omva	le 1
	1 1	IA CAUSE OF D	DEATH (Enter an	v one couse be	r line for (a.)	(b) and (c)							APPROXI	MATE INTERV	AL
		PART I. DEAT	TH WAS CAUSED	BY:			. 10	Calla.	- 10				-	MILA	CAIT!
			IMMEDIAT	E CAUSE (a)	Con	dovas	alar	Cella	PSR	-	_		0	W. W	
		100		DUE TO, C	OR AS A CON	SEQUENCE OF	10	0 5	- 1					100	
П		Canditians, if	any, which	(6)	201	2513	/ Ke no	il t	allu	e			5 N	Les	
		gave rise to)						100	111				
			cause last	DUE TO, C	OR AS A CON	SEQUENCE OF	1 100 0						me	. that	
ч				(c)_		Imb	hema						NAC	(1057	
	~	PART 2 OTHER	SIGNIFICANT	ONDITIONS	ONTRIBUTIN	G TO DEATH BL	IT NOT RELATED T	O THE TERMIN	NAL DISEASE	OR CONE	ITION G	IVEN IN	PART 110		
	CERTIFICATION		Diabet	227	VIQU	Letus									
7	AT.	90 DATE OF OF	PERATION	19b. CONE	DITION FOR W	VHICH OPERATI	ON WAS PERFOR	MED	200 AUTOP	SY?	20b. IF Y	ES, WER	EFINDIN	IGS USED	
1	E I								V50 5				CAUSES	OF DEATH	?
	18 18	7. ACCIDENT	S III INSTITUTE OF	211 71145	OF INTUINA		21. 40.44 514	IDV O CCUIDOR		иоП		ES []		NO [_
7	10.75		CAUSE OF DEA	110110 1	OF INJURY	H DAY YEAR	216. HOW INJU	JKY OCCURRE	D (ENTERNATU	RE OF INJUR	Y IN ITEM 18	PART 1 OF	PART 2)		
	Ä		MEDICAL EXAMINER		.M.	19									
9	MEDICAL	21d INJURY OC		21e PLACE	OF INJURY		21f LOCATION	1						100	
	×	WHILE N	OT WHILE	(AT HOME S	TREET, FACTORY, C	OFFICE, FARM, ETC.)	STREET			CITY OR TOV	VN	CC	YTHUR	STA	TE
Л	181	AT WORK	AT WORK			-				N 13		-			
		220.1 certify the	at (1) (this haspit	al) attended	ne desposed		1	19_5	, ta	812		19	<u>.</u>	that (I) (we	e) last
	2	saw the de	rceased alive an we) (did) (did not	I view the had	vatter death	19 55	and that in (my) (o	iur) <mark>ap</mark> ınian de	eath accurred	an the da	te and ho	ivi and f	ram the	causes state	ed
		22b. SIGNATURE		/ THE WITH BOOK	y arres acam.		DEGREE					2:	C DATE	SIGNED	
		Lange 1			nu A	lia an	AT	TENDING _	MEDICAL	STAF	FA	30	8/2	160	
-		/			140	11/11/	-	IYSICIAN [DIRECTOR	PHYSIC	AN X		0/ 3/	3)	
	100	22d. PHYSICIAN	SNAME (TYPE OF	PRINT	0	1	22e ADDRESS	,	C 101	1	11		1		
	114	37.97.3	NPUI	n	4)1	nu devi	MY ()	111/0	A 111	1 1	TCSn	170	X		
	23n B	URIAL, CREMATI	ION REMOVAL	23b. DATE		12 NAME OF	CEMETERY OR CR	EMATORY	73d LOCAT	ION	- 1	عابال			
		SPECIEY) -			05	-			CITY OF	LOWN		COUN		a Sta	d.
			rial	8/7/	0)	cue	rgreen			ksbu			rol		d.
	24 FL	JNERAL DIRECTO			4 De	DR.C.			REC'D. BY REC	GISTRAR	Sb. REGIS	TRAR'S	SIGNATI	JRE	
		Elino	F	. 4.	O A O C	DRESS	M	d Asa	0 0						

DHMH - 16 60M 7/84 (VRA 15, 4)

THE SA Molun I Gittere MI 8 5 85 980-Butte Chy the state of the state of the state of Wills by about the second of the second of the William Gitters September 5 Street Period Forth Salve Keun Stranger Court HA Hytel

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR			CEKIII	ICAIL OI	PEATH	REG. NO			
DECEASED NAME	FIRST	WIDDIE	ı	AST		20. DATE OF DEATH	ONTH D	AY YEAR	2b. HOUR
	ottie	Α.	Glad	den		August	15.	1985	
SEX	4. RACE		5. DATE C	F BIRTH		6. AGE (IN YEARS LAST BIRTH	IDAY	IF UNDER I YEAR	IF UNDER 24 HRS
Female	В1	ack	6	24	1890	95	YRS.	UNINS	HOURS MIN
BIRTHPLACE (STATE OR FO		F WHAT COUNTRY?	8	D NEVER		9. BALTIMORE CITY OF	COUNTY	OF DEATH	
Marvland	11.5	. A .	WIDOWE		NORCED	Baltimore	- Ci	tv.	M
CITY OR TOWN OF DEAT	H 11. NAME O	HOSPITAL, NURSIN	NG HOME C		NOITUTIT	12a USUAL OCCUPATIO	N	126 KIND C	OF BUSINESS O
Baltimore		YLAND GI		T. HOS	PTTAL.	(TYPE OF WORK FOR MOST OF	WORKING FIRE	INDUSTRI	
SUAL RESIDENCE (IF NURSIN	IG HOME OR OTHER INSTITUTIO	IN, GIVE RESIDENCE BEFOR	E ADMISSION)	100		13e STREET ADDRESS /	ZID CODE		
Maryland	36 COUNTY	Baltin		YES X	NO O	2023 Swan		Road	21239
FATHER'S NAME				77	S MAIDEN NAM	E	1000		
George	MIDDLE	Hawkins			FIRST	MIDDLE		- LAS	51
WAS DECEASED EVER I			JRITY NO.	17 INFORM	ANT	ADDRES	SS		
(YES, NO OR UNKNOWN) Unknown	(IF YES, GIVE WAR OR DATES)	212 32	3067	Doro	thy The	omas 2023	Staran	Sea E	5eo
7	(Enter only one couse p			POLO	CITY TIN	2023	577751		MATE INTERVAL
	lost (c)_		DEATH BUT			NAL DISEASE OR COND			
190 DATE OF OPERAT	ON 196. CON	IDITION FOR WHICH	OPERATIO	N WAS PERF	DRMED	200 AUTOPSY? YES NO	IN CERTIF	, WERE FINDII YING CAUSES	
216. ACCIDENT WAS UNDID OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT	AUSE OF DEATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR			D (ENTER NATURE OF INJUR	IN TEM 18 PA	ART T OR PART 2)	
21d. INJURY OCCURR	E [AT HOME.	E OF INJURY STREET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATI		CITY OR TOV	M	COUNTY	STATE
saw the decease above, (I) (we) (d	this hospitol) attended d alive an Ship d) (did nat) view the ba	5 / 85 19	, at		, 19 & 3) (aur) apinion de	eath accurred on the do		ond from the	
5 Save	ider k	Tull	a 1	91)		MEDICAL STAF	F IAN []	224. DATE	16/85
SAVIA	ME (TYPE OR PRINT)	c. Jul	KA	22e ADDRE		UNRAN H	RD B	BALTO,	2192
Burial, CREMATION, F	EMOVAL 23b. DATE	23c.	NAME OF C	EMETERY OR	CREMATORY	23d LOCATION		COUNTY	STATE
BURIAL	8/2	0/85 Ba	altim	ore N	at'l C	em Baltim	oro	COUNTY	N/A

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

should be detached for use as the burial-transit permit. Then please remove carbonapperit, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked at them 18 shaws any injury, at other traumatic event, th

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR NAME ADDRESS F/H, Inc. 1101 E North

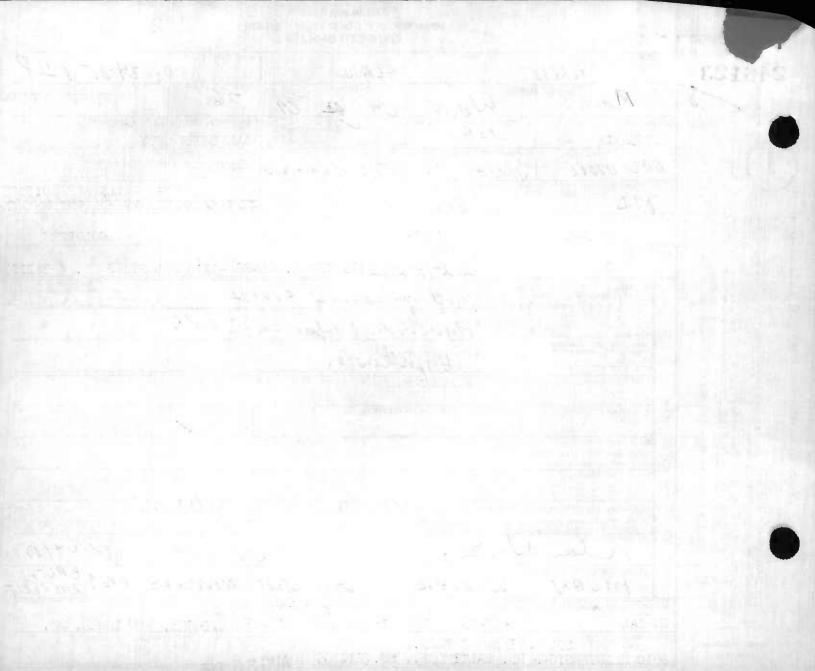
				STATE OF MARYLAND	0 0 0 1	0 1 0				
33058	1 -	FOR STATE REGISTRAR	DEPAR	CERTIFICATE OF DEAT		I U				
68 4 3		CEASED NAME FIRST MARY	E. GLASCOE	LAST	Aug. 14,					
noter po	3. SE	Female	4 RACE Black	5. DATE OF BIRTH MONTH DAY Sept. 4 189	6. AGE IN YEARS LAST BIRTHDA	IF UNDER 1 YEAR IF UNDER 24 H				
3	70 BI	RTHPLACE STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY U.S.A.		9 BALTIMORE CITY OR C					
Odfied	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH PACILITY, SIVE STRE 2024 Northea	ING HOME OR OTHER INSTITUTION (ST. AVE.	ON 12a USUAL OCCUPATION (TYPE DE WORK FOR MOST, OF WO HOME Make)	DRKING LIFE) 12b. KIND OF BUSINESS (
35	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE JINTY 13c. CITY OR TO		NITS? 13. STREET ADDRESS North	east Ave. 2/22				
030	14. FA	THER'S NAME James Brid	MIDDLE LAST	15. MOTHER'S MAIL	Unknown MIDDLE	LAST				
medical		VAS DECEASED EVER IN U.S. A VES. NO OR UNKNOWN) (IF YES, G	IRMED FORCES? 166 SOCIAL SEC SIVE WAR OR DATES 2 4-20-68		ascoe, 2024 North	neast Ave. 21227				
ol.		18 CAUSE OF DEATH (Enter of	only one couse per line for (o), (b), o	and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT				
not the deorit cermicule by the ottending physici cose remove carbonapper ol, cremotion, or removal.		PART I. DEATH WAS CAUS	SED BY ATE CAUSE (D) Anemia			month				
en signed by the ottendin Then please remove corb or to buriol, cremotion, or i injury, or other troumotic		gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	(c)	failure	HE TERMINAL DISEASE OR CONDIT	ION GIVEN IN PART 1101				
ws ony	LIFICATION	IFICATION	TIFICATION	RTIFICATION	TIFIC	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20 1 1 2 2 2 2 2 2 2 2	Db. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
entol Hygie Hem 18 shor		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH	DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)				
redor	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE	21f. LOCATION STREET	CITY OF TOWN	COUNTY STATE				
OR ATENDING PI he hospital or other DIRECTOR. After th oched for use os the Dept. of Health and If Item 21 is marked		22a. I certify that (1) (this has sow the deceased alive a above, (1) (we) (dety) aid in	pitol) ottended the deceased from an analysis on an analysis of the body ofter death.	3/18 19 85 , and that in (my) (our)		3 , 19 <u>85</u> , that (1) (we) I and hour and from the couses stated				
	0	aurene	Relella	DEGREE ATTEN	DING MEDICAL STAFF	27€. DATE SIGNED 8/15/85				
should be det with the Stote		Laurence R. (Gallager, M.D.	22. ADDRESS 3455 Wi.	lkens Ave., Balti	more, Md. 21229				
» s ≤		BURIAL, CREMATION, REMOVA BURIAL	40.4	name of cemetery or crembutus Mem Park	Baltimore,					
50M 4/82	24 FI	JNERAL DIRECTOR	4611 Park Heigh		250. DATE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE				

suc. th, uses .ev. de ouelge des. Love yangarat. abo's March Carlo March Carlo and Controlist Ave. 21227

Burdus Cityon School Man Park Bulkinger, Harvisid

Liw Panera: Hotel Park Heights Ave. 21215 AHS 1 9 885 360-Case-Arthur

	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYBIENES CERTIFICATE OF DEATH REG. NO.	2211
246123	1. DECEASED NAME FIRST MOREL		08-24-85- 5-18 PM
4 mo	3. SEX MALE	1. RACE S. DATE OF BIRTH YEAR AGE (IN YEARS LAST BIRTHE POPE AGE TO THE POPE A	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS
	170. BIRTHPLACE (STATE OR FOREIGN COUNTRY) LITHUANIA	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR WIDOWED DIVORCED BALTIMORE (
by the fu	BAY IMPLE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVES STREET ADDRESS) (IVAT) (TYPE OF WORK FOR MOST OF WITHOUT OF WITHOUT OF WORK FOR MOST OF WITHOUT OF WITHOUT OF WORK FOR MOST OF WITHOUT OF WITHOUT OF WORK FOR MOST OF WITHOUT OF WORK FOR W	
filled is	Tau. STATE	BALTIMORE YES NO . XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	1160FALLSTAFF RD(2121 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
RE, MARYLL ecuted within	14 FATHER'S NAME FIRST ISRAEL	MIDDLE GLASS GLASS DIVERA MIDDLE GLASS DIVERA ARMED FORCES? LIAN SOCIAL SECURITY NO. 17 INFORMANT. ADDRESS	GOLDBERG
S. Pog	(160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS. 2/2-/4-24/3 LILLIAN G. GLASS -4116 FA	ALLSTAFF RD. (21215)
STON ST., eoth certific trending ph re corbon p on, or remo	PART I. DEATH WAS CAUS	only one couse per line for (o), (b), and (c). SED BY: ATE CAUSE (a) Cava is prollohary arrest. DUE TO, OR AS A CONSEQUENCE OF 1 charcha: CVA.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ned by the please in pleas	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE TO TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS.	ITION GIVEN IN PART 110
AL RECORDS, the low requirements by the seen significant. There were prior to be one only injurt to be one only injury to be one of the one of	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? YES NO P	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\sigma \) NO \(\sigma \)
DIVISION OF VITAL NG PHYSICIAN: The offending physicion fifter this certificate h os the buriol-tronsit fh and mental Hygrer h and mental Hygrer orked or item 18 shou	OR CONTRIBUTION CALLES OF A	DEATH HOUR A.M. MONTH DAY YEAR	IN ITEM 18. PART I ORPART 2)
DIVISION OING PHYS or ottendin After this e os the bur	Use Either NOTE Y MEDICAL EXAMIN 214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) 21f LOCATION STREET CITY OR TOWN	N COUNTY STATE
TTENDI optol or TOR: A for use of Heal	saw the deceased alive a	pital) attended the deceased from 19 , and that in (my) (our) opinion death occurred on the date not) view the body after death.	e and hour and from the couses stated
TAL OR AT yy the hosp RAL DIREC detoched if tote Dept. or	22b. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN STAFF PHYSICIAN STAFF	an Date signed
TO HOSPITAL (retoined by the TO FUNERAL E should be detoined the Store E IMPORTANT: If	224 PHYSICIAN'S NAME 11 YPE MIL PAN	WISTER, LAST WEST BELVEDER	CE DAR! WO SISIL
BP	23a. BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	236. NAME OF CEMETERY XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	RALTIMORE MD
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FUNERAL DIRECTOR SOL	LEVINSON & BROS., VN RD. BALTIMORE., MD. (21215)	



STATE OF MARYLAND

1053	1-	FOR STATE REGISTRAR				EALTH AND MENTAL HYG	REG. N	2	2	2	
LUOU		CEASED NAME FIRST		DOLE	L	12A	20 DATE OF DEATH		OAY YEAR	26 HOUR	
deoth deoth	(I YPE	OR PRINT!	BERNARD	MAURICE	GOL	DBERG		8 21	1 85	6:19 AM	
od o	3. SE)	(4 RACE		5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BE	(YAOHT)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
rs of	N	MALE	WHITE		JUN	E 12, 1911	74	YRS	MONTHS DAYS	HOURS MIN.	
01		RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8	□ NEVER MARRIED □	9 BALTIMORE CITY		OF DEATH		
9		PENNSYLVANIA	US	A	WIDOWE		BALTIMOR	RE (CITY	MD.	
1	II CI	TY OR TOWN OF DEATH			HOMEC	R OTHER INSTITUTION	120 USUAL OCCUPAT	OF WORKING LIF	E) INDUSTRY	OF BUSINESS OR	
(1	LTIMORE CITY				SPITAL	CABINET	MAKER	FURNI		
35	13a. S	AL RESIDENCE (IF NURSING HOME STATE 13b CO MARYLAND		BALTIMOF		13d INSIDE CITY LIMITS?	3315 W. NO	ZIP CODE RTHER	N PKWY.	#21215	
20	IA FA	THER'S NAME	WIDDIE	LAST		15 MOTHER'S MAIDEN NAM			145	. 1	
20	2	HARRY	G	OLDBERG		CECELI	A		RENDEÎ	MAN	
0		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECUR		17 INFORMANT DAVI	D C. GOLDBE	RG	-		
	Ï	VES NO OR UNKNOWN) (IF YES,	OIVE WAR OR DATES!	216-05-7	7579	312 HIGH KNO			TOWN RE	21136	
lic event, th		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	SED BY: IATE CAUSE (a)	CARDIA	6 1	miss			BETWEEN	MATE INTERVAL ONSET AND DEATH	
r other troumot		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.) (b)	AS A CONSEQUEN		ione Ism	LEDIN				
	NO	PART 2 OTHER SIGNIFICAN	t conditions <u>co</u>	NTRIBUTING TO DI	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	IDITION GIV	EN IN PART 1	0	
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH C	PERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDI YING CAUSES S		
9		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAMI	DEATH HOUR A.M	MONTH DAY	YEAR	21¢ HOW INJURY OCCURE	RED (ENTERNATURE OF INJU	IRY IN ITEM 18 P	PART I OR PART 2)		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY ET, FACTORY OFFICE FAI	RM, ETC)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE	
21 is mo		220 I certify that (I) (this had sow the deceased alive	on 8/21	19	87.00	8 / / , 19	death accurred on the c	ote and hou		that (I) (we) lost couses stated	
T. If hem		Th SIGNATURE / FAM			M	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN (3/2/	SIGNED :	

should be detached for with the State Dept. of MPORTANT: H DHMH - 16 60M 7/84 (VRA 15, 4)

LLEWELLYN KITCHIN, M.D.

224 PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

UNION MEMORIAL HOSPITAL

BALTO., MD

230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY BURIAL AUG. 23,1985 CHIZUK AMUNO

BALTIMORE

MARY LANDE

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO, MD 21215

STATE OF MARYLAND

8	FOR	DED A DTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	(c)tut 5 2 2	2 1 3
234084	1 - STATE REGISTRAR	DET ARTH	CERTIFICATE OF DEATH	REG. NO.	
254054	1. DECEASED NAME FIRST LILLIA	AN RUTH	GOLDMAN		185 SPM
ge 4 mon	3. SEX FEMALE	4 RACE WHITE	S. DATE OF BIRTH MAR. 18, DAY 1901 FAR		IF UNDER LYEAR IF UNDER 24 HRS. ONTHS: DAYS HOURS MIN.
155	70 BIRTHPLACE (STATE OR FOREIGN MARYLAND	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED X	BALTIMORE CITY OR COUNTY BALTIMORE CITY	
44		(IF NOT IN SUCH FACILITY, GIVE STREET INTON MEMORIAL H	OSPITAL	120 USUAL OCCUPATION (TYCLERKOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INBATETO. CITY
1301	130 MARYLAND 13b. COUN		YES NO	13e.STREET ADDRESS / ZIP CODE 3501 ST. PAUL ST	APT. 927 Γ. #21218
0	14 FATHER'S NAME FIRST ANSCHELL	GOLDMAN		WIDDLE	GERSHOWITZ
Tool of the second	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GN	MED FORCES? 16b SOCIAL SECU	IT INFORMANT B KEY COLONY		
certificate rug physics ton paper centored to exect th			rumaryer	ibolism Probable	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he death move co motion, o	Conditions, if any, which gave rise to immediate cause (a), stating the		Ell Famur 2	toFall	48ms
es that I	underlying cause lost.	DUE TO, OR AS A CONSEQUE		MINAL DISEASE OR CONDITION GIV	EN IN PART I I O
at Then ion to by Injury	Probe	DLE AORTICS	STENOSÍS OPERATION WAS PERFORMED		, WERE FINDINGS USED
2	RTIFIC			YES NO NO YES	YING CAUSES OF DEATH?
SICIAN.	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART OR PART 2)
Office the Control of	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LATHOME STREET, FACTORY, OFFICE, F	ARM ETC) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
THE STATE OF THE S		tal) attended the deceased from		n death accurred on the date and hour	ond from the causes stated
TALORE PART DIRE described out Day	226 SIGNATURE William	Benson		MEDICAL STAFF DIRECTOR PHYSICIAN	8/11/85
D HOSPI tolined by O FUNE MPORTAN	WILLIAM BE		22e ADDRESS MEMO UNION MEMO	RIAL T. HOSPITAL	BALTO. MD
	230 BURIAL, CREMATION, REMOVAL (SPECIFY)BURTAL.	23b DATE AUG. 14 1985 OH	NAME OF CEMETERY OR CREMATORY	BALTEMORE	COUNTYMARY LANDE

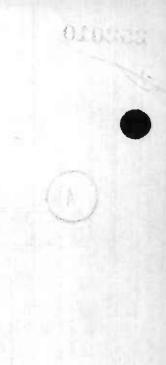
DHMH - 16 60M 7/84 (VRA 15, 4)

74 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.
6010 REISTERSTOWN RD. BALTO., MD 21215

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	1 -	FOR STATE				IENES 2 2	2 6
ы		REGISTRAR		CEKIII	ICATE OF DEATH	REG. NO.	a periodical and a second a second and a second a second and a second
31				MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	(TYPE	YVE	TTE	G01	SAC	8-2	8-85 6:15 A
-1	3. SEX	× ✓	4 RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	156	+	7	Month	DAY YEAR	26	MONTHS DAYS HOURS MIN.
	In Ri	PTHPI AFF 151 VE OR FOREIGN	75 CITIZENI OF	WHAT COUNTRY 8	- xx - 58		OFDEATH
1		COUNTRY	70 CHIZEN OF	MARRIE			
			u.				
1	1100		(IF NOT IN SUC	CH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION		12b. KIND OF BUSINESS OR INDUSTRY
φ						Unemployed	
5	13a S	AL RESIDENCE LIF NURSING HOME	OR OTHER INSTITUTION		13d INSIDECITY HAITS?	13a STREET ADDRESS / ZIP CODE	
а	Ma	ryland		Baltimore	YES X NO		
	14 FA				15 MOTHER'S MAIDEN NAM	ME	
2		FIRST	WIDDLE	LAST	Lorraine	MIDDLE	Goode
	16a V			166 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS	
	Ma	DEPARTMENT O REGISTRAR ASED NAME PRINT) VVETTE GRACE A RACE A RA		Lannaine Goo	do 2952 W North	Aug Ralt	
	140			<u> </u>	Lordanche 000	WE 2752 W. NOTCH	
		ASED NAME PRIST MIDDLE AREGISTRAR ASED NAME PRIST MIDDLE AREA CONTRIBUTING TO DEATH AS DATE OF DEATH IENTEL ONLY ON AS A CONSEQUENCE OF PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE OF DEATH ONLY ON THE PRISTING OF PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE OF DEATH ONLY ONLY ON THE PRISTING ON THE PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE OF DEATH ONLY ONLY ON THE PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE OF DEATH ONLY ONLY ONLY ON THE PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE OF DEATH ONLY ONLY ON THE PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE OF DEATH ONLY ONLY ON THE PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE OF DEATH ONLY ONLY ON THE PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE OF DEATH ONLY ON THE PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE OF DEATH ONLY ON THE PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE OF DEATH ONLY ON THE PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE OF DEATH ONLY ON THE PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE OF DEATH ON THE PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE OF DEATH ON THE PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE OF DEATH ONLY ON THE PART 1. DEATH ONLY ON THE PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE OF DEATH ON THE PART 1. DEATH ONLY ON THE PART 1. DEATH 1. DEATH ON THE PART 1. DEATH ON THE PART 1. DEATH 1. DEATH 1. DEATH 1. DEATH 1. DEATH 1. DEAT		T P 100 0	1:10		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		FOR STATE REGISTRAR CEASED NAME OF PRINT) VETTE GOVERNMENT OF CERT RIHPLACE (STATE OR FOREIGN THE TOTAL OF WHAT COUNTRY? TO TOWN OF DEATH OF POINT SUCH FACILITY, GWE STREET ADDRESS) LUKENAM HOSPITAL, NURSING HOME OR GITHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION TATE LUKENAM HOSPITAL NURSING HOME OR GITHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION TATE LUKENAME FIRST VAS DECEASED EVER IN U.S. ARMED FORCES? IS CAUSE OF DEATH EENTER AND THE COUNTRY WAS DECEASED EVER IN U.S. ARMED FORCES? IS CAUSE OF DEATH EENTER AND THE COUNTRY INMEDIATE CAUSE (G) LUKENAME INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION THER'S NAME FIRST LAST VAS DECEASED EVER IN U.S. ARMED FORCES? IS CAUSE OF DEATH EENTER AND THE COUNTRY IS COUNTRIBUTION OF COUNTRY INMEDIATE CAUSE (G) DUE TO, OR AS A CONSEQUENCE OF CONDITION, FOR WHICH OPERATE THE ETHER NOTER MEDICA EXAMINER) PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT BETTER NOTER MEDICA EXAMINER) 190 DATE OF OPERATION 190 DATE OF OPERATION 191 CONTRIBUTING TO DEATH BUT BETTER NOTER AND THE SITE OF TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT BETTER NOTER AND THE SITE OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT BETTER NOTER AND THE SITE OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT BETTER NOTER AND THE SITE OF THE SIGNIFICANT CONDITION FOR WHICH OPERATE 191 DATE OF OPERATION 192 DATE OF OPERATION 194 CONDITION FOR WHICH OPERATE 195 DATE OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT BY 194 IN ORR THE CONDITION FOR WHICH OPERATE 195 LAND THE CONDITION FOR WHICH OPERATE 196 DATE OF OPERATION 197 DATE OF THE SIGNIFICANT CONDITION FOR WHICH OPERATE 198 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATE 198 DATE OF THE SIGNIFICANT CONDITION FOR WHICH OPERATE 198 DATE OF THE SIGNIFICANT CONDITION FOR WHICH OPERATE 199 DATE OF THE SIGNIFICANT CONDITION FOR WHICH OPERATE 190 DATE OF THE SIGNIFICANT CONDITION FOR WHICH OPERATE 191 DATE OF THE SIGNIFICANT CONDITION FOR WHICH OPERATE 191 DATE OF THE S		ung			
STATE REGISTER RECENTIFICATE OF DEATH REG. NO.		1					
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		couse (o), stoting the	DUE TO, O		. 1		
	17	onderlying coose lost.	((6)_	LIVER CIR	Rhosis		
d	z	PART 2 OTHER SIGNIFICAN	IT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 110
	TIOI	KEDDIK	awy	faicure	DIC		
7	EA	190 DATE OF OPERATION	196 COND	TION FOR WHICH OPERATIO	N WAS PERFORMED		S, WERE FINDINGS USED YING CAUSES OF DEATH?
-	RTIF	2-1-1-1-1				YES NO YE	S NO
2	REASON		110110		21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 F	PART I OR PART 2)
71	CAL		DEATH		Market Street		
	EDI	21d INJURY OCCURRED				CITY OF TOWN	COUNTY STATE
Н	Σ	WHILE NOT WHILE	(ALHOME SI	REET, FACTORY, OFFICE FARM ETC.)	STATE	CHYON TOWN	31210
			spital) attended th	ne deceosed from 8/2	5 19 85		19 85 that (I) (we) lost
		sow the deceased alive	on X/28	19 85	nd that in (my) (our) opinion o	death occurred on the date and hou	ond from the causes stated
			nor view the body		DEGREE		22c. DATE SIGNED
DECEASED NAME					8/28/85		
		224. PHYSICIAN'S NAME (TY	PE OR PRINT)			DIRECTOR PHISICIAL IA	
П		BICH T	DUON	4	LUTHERA	N HOSPITAL	
	23a B	SURIAL CREMATION REMOV		<u> </u>	1		
		SPEC IFY)				CITY OR TOWN	COUNTY STATE
	24 FL		1 8-31	-05 ATBUTUS			RAP'S SIGNATURAL
		blood.	Europa	Home 1246 H		/ 0 - /	
37	2 A	ILLY-VUUGLASS	runeruc	nume 1348 N. (achoun St. JE	0 1303	· · · · · · · · · · · · · · · · · · ·

DHMH - 16 60M 7/B4 (VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3. SEX Mal 76. BIRTHPP COUNT S.C 10. CITY O Bal JUSUAL RE 138. STATE Md	Ja Le PLACE (STATE OR FOREIGN TRY) C. DR TOWN OF DEATH Ltimore ESIDENCE (IF NURSING HO ESIDENCE (IF NURSING HO	4 RACE Black 75 CHIZEN OF USA	GO WHAT COUNTRY?	odwin	ASI OF BIRTH O-46 DAY YEAR	20 DATE OF DEATH August 27, 6. AGE IN YEARS LAST BIRT	1985 HDAY) IF	YEAR	7:48	
3. SEX Ma 1 76. BIRTHP COUNT S. C 10. CITY O Ba 1 USUAL RE 136. STATE Md	Ja Le PLACE (STATE OR FOREIGN TRY) C. DR TOWN OF DEATH Ltimore ESIDENCE (IF NURSING HO ESIDENCE (IF NURSING HO	4 RACE Black 75 CITIZEN OF USA		5. DATE O		6. AGE IN YEARS LAST BIRT	HDAY) IF	UNDER 1 YEAR		P
Ma 1 76. BIRTHPP COUNT S. C 10. CITY O Ba 1 USUAL RE 130. STATE Md.	PLACE (STATE OR FOREIGN THEY) C. DR TOWN OF DEATH 1timore ESIDENCE (IF NURSING HO ESIDENCE (IF NURSING HO	4 RACE Black 75 CITIZEN OF USA		5. DATE O		6. AGE IN YEARS LAST BIRT	HDAY) IF	UNDER I YEAR		
70. BIRTHP COUNT S.C 10. CITY O Ba] JUSUAL RE 130. STATE Md	PLACE (STATE OR FOREIGN TRY) C. OR TOWN OF DEATH Itimore ESIDENCE (IF NURSING HO ESIDENCE (IF NURSING HO	76 CITIZEN OF USA	WHAT COUNTRY?	20NTH	9-46 DAY YEAR	30			I I UNDER	24 HR
S.C 10. CITY O Ba] USUAL RE 13a STATE Md	ITRY) C. DR TOWN OF DEATH Itimore ESIDENCE (# NURSING HO	USA	WHAT COUNTRY?	R		39	YRS.	NIHS DAYS	HOURS	MI
Ba] JUSUAL RE 130 STATE Md	Itimore ESIDENCE (# NURSING HO	11. NAME OF		MARRIE	NEVER MARRIED DIVORCED	Baltimore City o		FDEATH		
JUSUAL RE 130 STATE	ESIDENCE (IF NURSING HO	(IF NOT IN SU	HOSPITAL, NURSIN	IG HOME C	R OTHER INSTITUTION	12a USUAL OCCUPATION	NC	126 KIND C	F BUSINE	
Md.		Mary	land Gene	ral He	ospital					
	TE 136 C	WE OR OTHER INSTITUTION OUNTY	130 CHTY OR TOW Balto.		136 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	e. 21	217	
	R'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME			ST	
3	.C. Goodwin				Jeanet			dwin		
	DECEASED EVER IN U.S	s. GIVE WAR OR DATES)	166 SOCIAL SECU	IRITY NO.	Florine Go	odwin 2442	Callow	Ave.		
PAR 19a I	Renal Fai	DUE TO, O (c) NT CONDITIONS C Lure	ITION FOR WHICH	ENCE OF 1coho DEATH BUT	LISM NOT RELATED TO THE TERM N WAS PERFORMED	20a AUTOPSY? YES N	20b IF YES, V IN CERTIFYIN	VERE FINDING CAUSES	PART 110 RE FINDINGS USED CAUSES OF DEATH?	
	CONTRIBUTING CAUSE	110000	OF INJURY M. MONTH DA	AY YEAR	214 HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	(OR PART 2)		
21d	IF EITHER NOTIFY MEDICAL EXA I INJURY OCCURRED MILE NOT WHILE NORK	21e PLACE	M. OF INJURY REET FACTORY, OFFICE F	ARM, ETC.)	211 LOCATION STREET	CHY OR TOV	WN	COUNTY	S	TAH
27s.	Lectify that (1) (this tow the decision of the	August	e deceased from A. 27 19 8	. on	d that in XX (our) opinion of the company of the co	MEDICAL STAF	te and hour o	85 nd from the	couses sto	we)
	onathan Kus	hner, M.D			c/o Maryland	General Ho	spital			
J	AL, CREMATION, REMO		23€. ▷	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		OUNTY	0.00	TAT
23a. BURIA	rial	0-21-	60	Sunt Cu	Cemetery	Gaffney	Che	rokee	S. C.	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After

Colds August 27, 1985 Page 1

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STATE OF MAKELAND

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English Cities At Langua Controllmenta Hitchig Rate

a transportant Knest California de la la la 1886

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGENE

2 2

	REGISTRAR			CEKIII	ICATE OF DEATH	REG. N	0.		
	DECEASED NAME FIRST MIDDLE YPE OR PRINT) MAURICE		AIDDLE	GORVON		20 DATE OF DEATH	MONTH DAY		26 HOUR
-						fry	-1	1985	S: NAM
	MAVE		CASIAN	S. DATE C	V 20 1898	6 AGE (IN YEARS LAST BII	YRS	NTHS DAYS	HOURS MIN.
70.	BIRTHPLACE (STATE OR FOREIG	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	D NEVER MARRIED	9. BALTIMORE CITY	_	FDEATH	
	RUSSIA	ns	A	WIDOWE	DIVORCED [more	017	Y MD.
	BANTIMORE	LEVIN YAVE	HEBREW (GERIAM	OF OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF MANUFACTU	OF WORKING LIFE)	INDUSTRY BED	DING
130	MARYLANG	OME OR OTHER INSTITUTION, COUNTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN BANTIMI	N	YES NO	13. STREET ADDRESS 3703 CLA	0111	APT.	C 21214
	PATHER'S NAME ' NATHAN	MIDDLE	GORDON		TILLIE	MIDDLE		LAS	MAX
60	WAS DECEASED EVER IN U	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	215-01-4		8242 STREAM	RED GORDON WOOD DR.	BALTO.,		21208
	18 CAUSE OF DEATH IE	nter only one couse per	line for (a), (b), and	d (c+)	CEST NO.			BETWEEN	ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SEPTICEMIA							
		DUE TO O	AS A CONSEQUE	NCEOF					
	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b)								
gove rise to immediate									
	cause IoI, stating the underlying cause last								
	(c)								
N	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN								0
CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH I	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V	WERE FIND!	NGS USED
IFIC						YES NOT	IN CERTIFY II		OF DEATH?
ERT	21g. ACCIDENT WAS UNDERLYI	NG 7 21b. TIME O	FINJURY		21c. HOW INJURY OCCURR				140
		OF DEATH HOUR A.	M. MONTH DA						
MEDICAL	(IF EITHER NOTIFY MEDICAL EX	21e. PLACE		19	21f. LOCATION				
ME		(AT HOME STR	EET, FACTORY, OFFICE, FA	ARM ETC }	STREET	CITY OF TO	NWO	COUNTY	STATE
	AT WORK AT WORK			7	1. 02	erf.	-	AL	
	220.1 certify that (this saw the deceased of abave, (we) (did).		19_0	7 , al	nd that in (our) opinion d	death accurred on the d	ate and hour a		that (we) last couses stated
	22b. SIGNATURE	len			DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED
	220 PHYSICIAN'S NAME	O. KW		MI	LOVINTAVE HEB	REN GERIATI	lic con	MER.	+689.7A
230	BURIAL, CREMATION, REMI	AUG.16,	1985 BE	ETH TI	EMETERY OR CREMATORY FILOH	23d LOCATION BALTIMO	RE c	COUNTY M	ARYLAND
(LEVINSON		,INC.	250 DATE	REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNAT	URE
	6010 REISTERS	TOWN RD RA	ITO MD	21	215 AUG	2.0 1985	whia Davy	dson-1	maria

21215

AUG 20

DHMH - 16 60M 7/84 (VRA 15, 4)

6010 REISTERSTOWN RD. BALTO., MD

injury, or other troumotic event, the

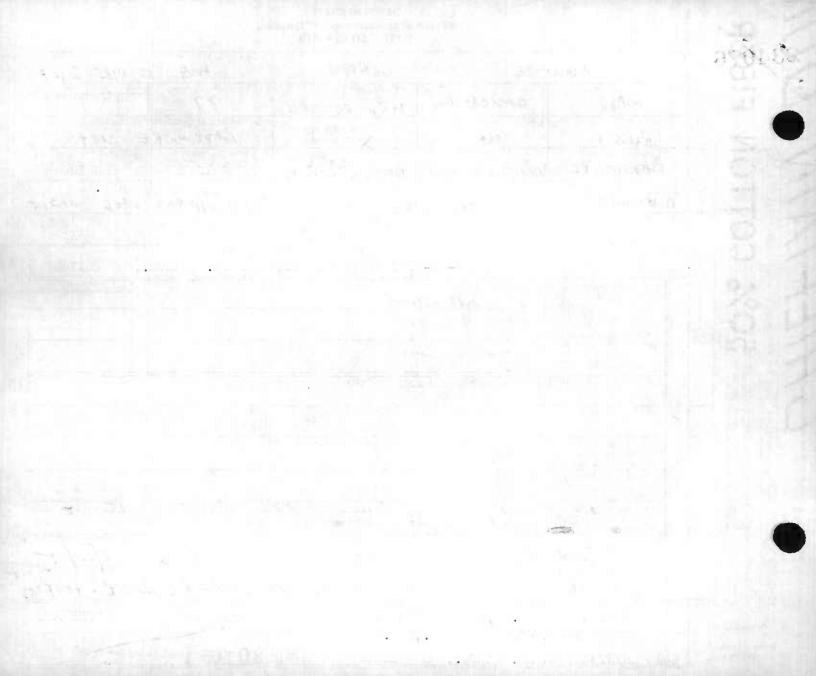
TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physics should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal, IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, it

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP

retained by the hospital or attending physician



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2

,	1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO).		6		
		CEASED NAME FIRST		MIDDLE	i	LAST	20. DATE OF DEATH		AY YEAR	2h HOL	JR	
	{ TYPE	ORPRINT) Clarence E	. Grady	Jr.		August 4, 1985				м		
1	3. SE>	(4 RACE		5. DATE C				FUNDER 1 YEAR	IF UNDER		
		Male	White	9	July	9, 1902 YEAR	83	YRS.	ONTHS DAYS	HOURS	MIN.	
250		RTHPLACE I STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	OF DE ATH			
5	Maryland U.S.A. WIDOWED DIVORCED											
	10 CI	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	128 USUAL OCCUPATION 126 KIND OF BUSI			F BUSINI	ESS OR	
0	Baltimore Edgewood Nursing Hor					me	Assembler	VI OMANGO EN E	Tool	Mfgi	c	
5	13a S	AL RESIDENCE (IF NURSING HOME OF STATE Maryland		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimor	'N	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /		Ave 21	211		
	14 FA	THER'S NAME	MIDDLE	LAST	10.7	15 MOTHER'S MAIDEN NA	MIDDLE		LAS			
0		Clarence E	. Grady	4731		Arlene	wippls		(A)			
		VAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRESS					
	.,	No _	E WAR OR DATES	C. Maynard Grady, 618 Dunkirk Road								
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per	0. 1 -11-	+ nain		BETWEEN	MATE INTE	RVAL DEATH			
	- 0		TE CAUSE (a)	enty trem overnor			M					
			DUE TO, O	R AS A CONSEQUE	ENCE OF				/			
		Conditions, if any, which (b)										
	×	cause (a), stating the underlying cause last.										
		(10)										
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
	CERTIFICATION	19a DATE OF OPERATION	119h COND	ITION FOR WHICH	INI WAS DEPENDATED	20g AUTOPSY?	Tank IF YES	WERE FINDIN	ICS USE			
1	FIC	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION				WAS FERI ORMED		ING CAUSES	NG CAUSES OF DEATH?			
	ERT	710 ACCIDENT WAS UNDERLYING	7 21b. TIME O	F IN II IRY		21¢ HOW INJURY OCCUR	YES NO	YES		NO [
1		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DA	THE HOW MAJOR FOCCOR	KED LENIER WATER OF INJUR	TIN TIEM IB PAR	RTTORPART2]				
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.M. 19 21e PLACE OF INJURY			211 LOCATION				-		
	MEI	WHILE O NOT WHILE O		REET FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OR TO	VN	COUNTY		STATE	
		270 Leartify that (1) (this has	ital) attended th	e deceased from		July 10 84	1 10 F - 4	1	.85	that The	we) loss	
		22a I certify that (I) (this hospital) attended the deceased from 19 55, and that is (my (our) apinion death occurred on the date and hour and from the causes stated above (1) and the date of the body attended to the body attend										
										SIGNED		
		Geelle	turn	my	ATTENDING PHYSICIAN	MEDICAL STAF		8-6	28	5		
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	CONTRACTOR OF	22e ADDRESS			117				
		Dr. Robert	E. Sto	ner	10.5	714 York Rd.	. Towson Md.	21204				
		URIAL, CREMATION, REMOVAL	23b. DATE	23 c. 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY		TATE	
		Burial	08 07	7 85 Wo	odlaw	n Cemetery	Woodlawn,			1d.	in a c	
	24. FL	24. FUNERAL DIRECTOR Z56. DATE REC'D. BY REGISTRAR 256. REGISTRAR							AR'S SIGNAT	URE_		

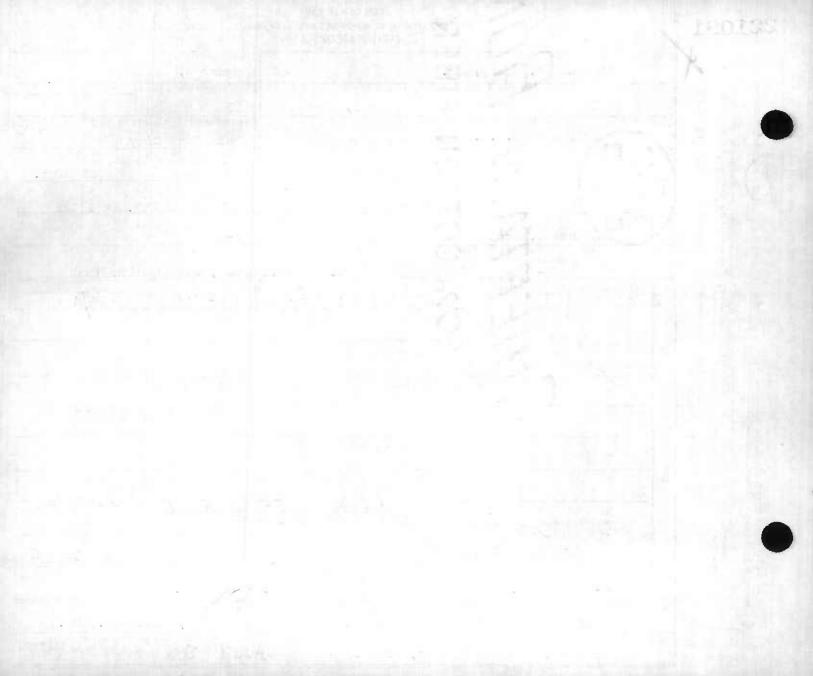
DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this

Burgee-Henss Funeral Home, Balto., Md

1985 Julie Davidson Randala AUG ?



DHMH - 16 60M 7/84 (VRA 15, 4)

THE BURIAL, CREMATION, REMOVAL

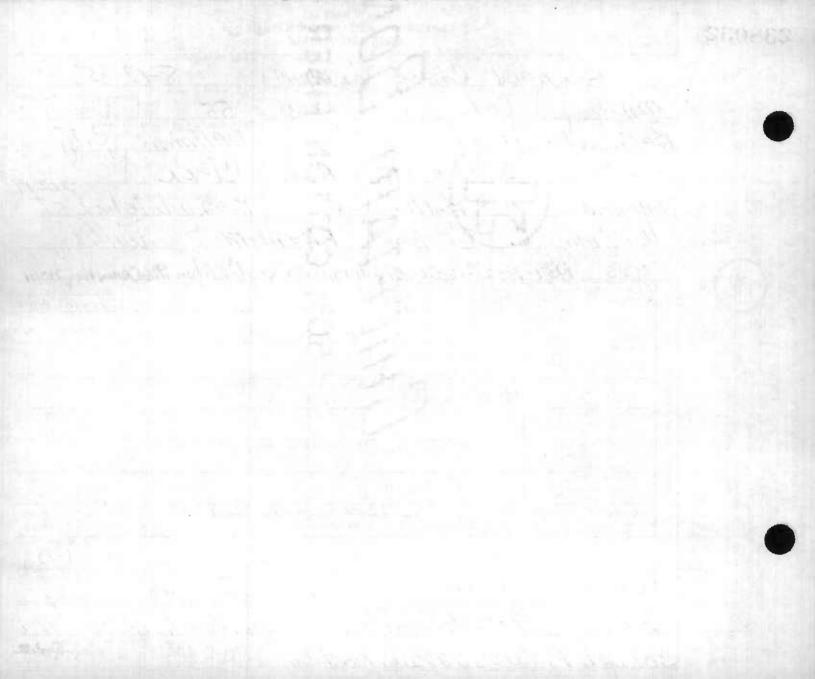
23L NAME OF CEMETERY OR CREMATORY

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURES.

IF UNDER 24 HRS

NO I

STATE



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10.	**	
	CEASED NAME FIRST	MIDDLE	ı	A5T	20. DATE OF DEATH	MONTH DAY	YEAR 26 H	OUR
/(1100		con Maurice	Graham		Augus	st 6 1985		M
3. SE	x	4 RACE	5. DATE C		6 AGE (IN YEARS LAST B	IRTHDAY) IF UNDE	RIYEAR IFUN	DER 24 HRS
	Male	Black	Nov	rember 12 1918	66	YRS.	DATS ROOF	min.
	RTHPLACE (STATE OR FOREIGN COUNTRY) Kansas	7b. CITIZEN OF WHAT COUN U.S.A.	TRY? 8 MARRIEI WIDOWE	NEVER MARRIED DINORCED	9 BALTIMORE CITY Baltimor		ATH	MD.
	Baltimore	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES 3504 Pinkney	TREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Policy Wri	OF WORKING LIFE) INC	KIND OF BUS USTRY Social	
130 5	ALRESIDENCE (IF NURSING HOME OF STATE 136 COU	INTY I3c. CITY OR		13d INSIDE CITY LIMITS? YES K NO []	13e.STREET ADDRESS 3504 Pink	/ ZIP CODE		21215
14 FA	ATHER'S NAME FIRST Edward Graham	MIDDLE LAST		15 MOTHER'S MAIDEN NAME CLEOPATRA F	MIDDLE		LAST	
. (VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	-12-3762	17 INFOMmay Tosefa 3504 Pinkne		Baltimore		21215 ryland
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS	<u>·H</u>	/peiten	sim-		7.V	2
CERTIFICATION	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING			200 AUTOPSY?	20b. IF YES, WERI	FINDINGSU	EATH?
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 218 INJURY OCCURRED NOT WHILE NOT WHILE	HOUR A.M. MONTH	19	216 HOW INJURY OCCURR		URY IN ITEM 18 PART I OR		STATE
	22a I certify that (1) (this hosp	view the bady after death	1 /	d that in (aur) apinion of approximation of the control of the con		AFF 27	, that causes	(we) last s stated
	22d. PHYSICIAN'S NAME (TYPE	ORPRINI)	MD	10807	FAUS,	nD L	पासिक	Lucie

234. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIM

8/10/85 Loring Byers Funeral Directors, Inc. 24 FUNERAL DIRECTOR 8728 Liberty Road Randallstown, Maryland 21133

23b. DATE

230. BURIAL, CREMATION, REMOVAL

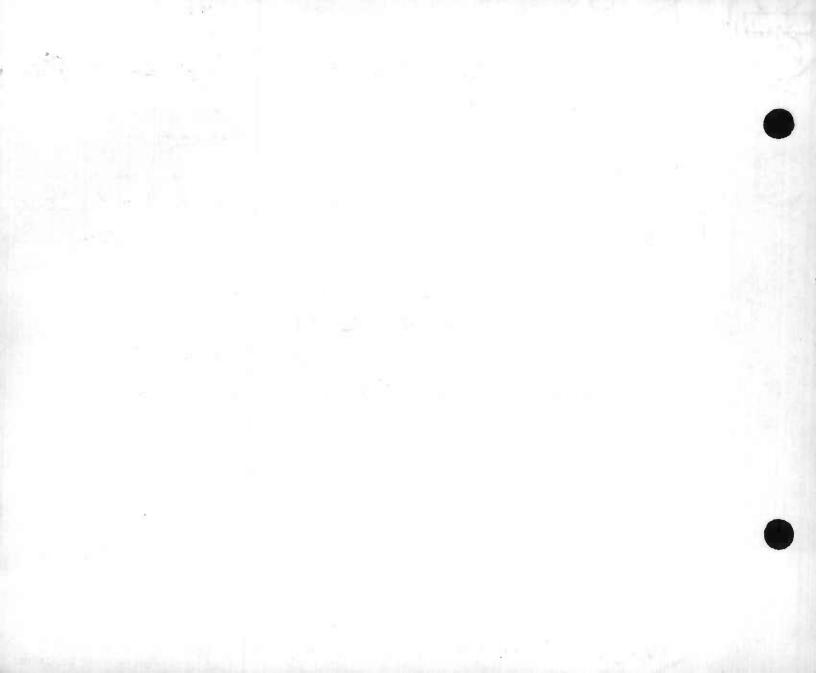
Burial

Pittsburg Mt. Olive Cemetery

Crawford Kansas

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brost Diot.	hat yes		Los year		
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Erits Inntent	on the late	en die a and de	arearens.		
			11		
	Timesing Gr		120 201		fabati

246017	1.	FOR STATE REGISTRAR		PARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. NO.	2 2 1
ge 4 may be ector. page 3 rs after death		CEASED NAME FIRST OR PRINT! HELEN, X FRMAR	A V. 1. RACE Black	S. DATE OF BIRTH MONTH 1 3 1912	20 DATE OF DEATH MONTH 8 - 2 6. AGE (IN YEARS LAST BIRTHDAY) 73 YRS	DAY YEAR 26. HOUR 6-85 4. 42 AM IF UNDER 1 YEAR IF UNDER 23 HRS. MONTHS DAYS HOURS MIN.
referrit Page to funeral direct within 72 hours (ed at once.)		RTHPLACE (STATE OR FOREIGN COUNTRY) N. J.	76 CITIZEN OF WHAT COULD USA 11 NAME OF HOSPITAL N	MARRIED NEVER MARRIED WIDOWED DIVORCED UNICON	Batimore CITY OR COUN Batimore 120 USUAL OCCUPATION	Lity of DEATH Lity MD 126 KIND OF BUSINESS OR
‡ p	JUSU	Ba Ho AL RESIDENCE (IF NURSING HOME C	OR OTHER INSTITUTION GIVE RESIDENCE	E STREET ADDRESS) F BEFORE ADMISSION)	(TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY
this 2 should be a should be		ATHER'S NAME FIRST	12.1	TIONN 13d. INSIDE CITY LIMITS? YES NO 1 15 MOTHER'S MAIDEN N FIRST	1923 W. No	orth Ave alar
MORE, MA		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIA	LSECURITY NO. 17 INFORMANT 12-6423 Eleanora	S. Jones 192	3 W. North Ave
v ST., BALT certificate bag physicia ban popers removal.		18 CAUSE OF DEATH LEnter of PART I. DEATH WAS CAUS IMMEDIA	only one couse per line for (o), SED BY: ATE CAUSE (o)	dio-Pulmonan	Arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MAR. ING PHYSICIAN: The law requires that the death certificate be executed wither this certificate been signed by the attending physician and cemplet stret this certificate been signed by the attending physician and cemplet it then the burioliticans permit. Then please remove corbanpopers. Pages, and it hand Mental Hygiene prior to buriol, cremation, or removal.		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	(b)	SEQUENCE OF Infiltration	, ¿ Fosinophi	ilia
L RECORDS, 20 te law requires nn. has been signe permit. Then pl sne prior to burn wws any injury, 0	CERTIFICATION	PART 2 OTHER SIGNIFICANT	TN, C.H.F	IG TO DEATH BUT NOT RELATED TO THE TE	ynd Kenal - 200 AUTOPSY? 206. IF IN CER	PYEN M PART TION THE PROPERTY OF THE PROPERTY
ON OF VITAL ON OF VITAL ding physician ding	MEDICAL CERT	2]a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER MOTHY MEDICAL EXAMIN 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	H DAY YEAR 19 211 LOCATION	URRED (ENTER NATURE OF INJURY IN 11EM I	
TEND or to For TOR: A for to For Tor Tor Tor Tor Tor Tor Tor Tor Tor T	M	WHILE NOT WHILE AT WORK 220 I certify that (I) (this has saw the deceased alive a	10	fram19	. to on death occurred on the dote and h	
ned by the hosping by the State Dept of the State Dept of ORTANT: If them 2		above, (I) (we) (did rdid o	the bady ofter death.	DEGREE ATTENDING PHYSICIAN 1226 ADDRESS		8/26/85
TO HOSPITAL retoined by this TO FUNERAL should be detected with the State.	23a.	IFEANYI BURIAL, CREMATION, REMOVA	OBIANYO	1 23r. NAME OF CEMETERY OR CREMATOR	Y 123d LOCATION	
ВР		Burial UNERAL DIRECTOR	8/31/85	Eastview Mem, Park	Baltimore, Md.	
DHMH - 16 50M 4/83 (VRA 15, 4)	0	Um. C. M	arch F.H. "		10629 1985 Filia	Davidson Randolle



- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEY GIENE CERTIFICATE OF DEATH

REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Mrs. Hilda M. Grazier August 1 1985 4 RACE DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) DAYS Female November 1 1902 Caucasian 83 BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylavina United States Baltimore City WIDOWED IN CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Baltimore Union Memorial Hospital Hecht Company ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Baltimore City 13e STREET ADDRESS / ZIP CODE Maryland Baltimore 123 W. 29th St. Apt. 5F 21218 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Late-William Alwood LAST Late- Emma (Heist) 17 INFOMES Ann Todd 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 21133 176-07-8632 3824 Brownhill Road Randallstown Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and ic-PART I. DEATH WAS CAUSED BY SHOCK SEPTIC HRS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF PROGRECE ASDOMENT VISCOUNT PERFORATION

Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying couse

CERTIFICATION

WED

DUE TO, OR AS A CONSEQUENCE OF

DMS.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lig

ONGESTIVE HORT PATILURE: OBSTRUCTIVE RUNWING DISUBE % CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED UMITED IN CERTIFYING CAUSES OF DEATH? YES A 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

HOUR A.M. MONTH DAY P.M. 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE FARM ETC.)

21f LOCATION

CITY OF TOWN

NOT WHILE 28 JULY 22a I certify that (1) (this hospital attended the deceased fram_ ond that in my (aur) apinion death accurred on the date and hour and fram the causes stated

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

220 DATE SIGNED

SEORGE W. MORAN M.D

230 BURIAL, CREMATION, REMOVAL

MEMORIA HOSPITAL 23c NAME OF CEMETERY OR CREMATORY

DEGREE

Baltimore

COUNTY Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

Ö

Burial 8-05-85 Loring Byers Funeral Directors, Inc.

Baltimore National Cem. 8728 Liberty Road Randallstown, Maryland 21133

250. DATE TO BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

22225

1	REGISTRAR				CERTIF	ICATE OF	DEATH	F	REG. NO.		2 0	
	CEASED NAME	FIRST		AIDDLE	i	AST	77. 10. 19	20. DATE OF DE		DAY	YEAR	26 HOUR
	MAI	RGALE	7	m,	GRI	5B			8	3.	85	11 p. M
3. SE	X	4 R	ACE		5. DATE C		YEAR	6 AGE (IN YEARS	LAST BIRTHDAY)	MONTH	DER I YEAR	HOURS MIN.
	Female	34	Whit	е	2	5	23		62 YR			Mile.
7n. E	IRTHPLACE (STATE OR FO	REIGN 76 (CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER	MARRIED 🛣	9 BALTIMORE			EATH	
1	1ARYLAND		US					BOUT	rishe	cry	•	MD.
10 0	TITY OR TOWN OF DEAT	Н 11.		OSPITAL, NURSIN		OR OTHER INS	TITUTION	120 USUAL OCC			b. KIND O	F BUSINESS OR
	BOUTHORE	8		BAUTMORE	dosp	BOORE			Cent	ury 20		
JSU JSU		G HOME OR OTH		GIVE RESIDENCE BEFORE		13d INSIDE	CITY HAARTS?	13e.STREET ADD	DESS / 7IP O	ODE	Ma	.51551
	MARYLAND)		DRE	BOUTTED		YES 🗹	NO 🗌	2778	YARNA		RD.	Balto.
14. F	ATHER'S NAME	мюр) I F	LAST		15 MOTHER	S MAIDEN NA		IDDLE	-5-	LAS	,
1	HENRY			GREB			TMA				HOH	W
	WAS DECEASED EVER IN	U.S. ARMED		166 SOCIAL SECU		17 INFO	rs.Rut	h E.Via	APRISS, 2	319	Per	ry Ave.
	No	(4 .65 6116 111		5181886	42	PORUD	OMINSKY	300	1 87 N.	Nove	TK.	BOLT: MD
	18 CAUSE OF DEATH	Enter only o	ne couse per	line for 101, 1b one	die ()	, ,	_	1		BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WA	WWEDIATE C		Carol	SOW	Luce	nery	aun	est			
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7	PART 2 OTHER SIGNI	FICANT CON	IDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE O	R CONDITION	GIVEN IN	PART 10	0
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CA	19a DATE OF OPERATION	ON	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a AUTOPS	IN CE			OF DEATH?
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MED	21d INJURY OCCURRE		(AT HOME STR	DE INJURY EET, FACTORY, OFFICE, FA	ARM, ETC)	STREE		CI	TY OR TOWN	C	OUNTY	STATE
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	270 I certify that (I) (1) sow the deceased		offended the	deceosed from		KIKS IMP	, 19	deoth occurred or	sthe date and	, 19		that (I) (we) lost
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	T.	1		0			ATTENDING _	MEDICAL	STAFF	1	8/1	185
	17d PHYSICIANUS NAM	W. T.	ndi .			22e ADDRE	PHYSICIAN [DIRECTOR	PHYSICIAN 4		94	107
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

24 FUNERAL DIRECTOR

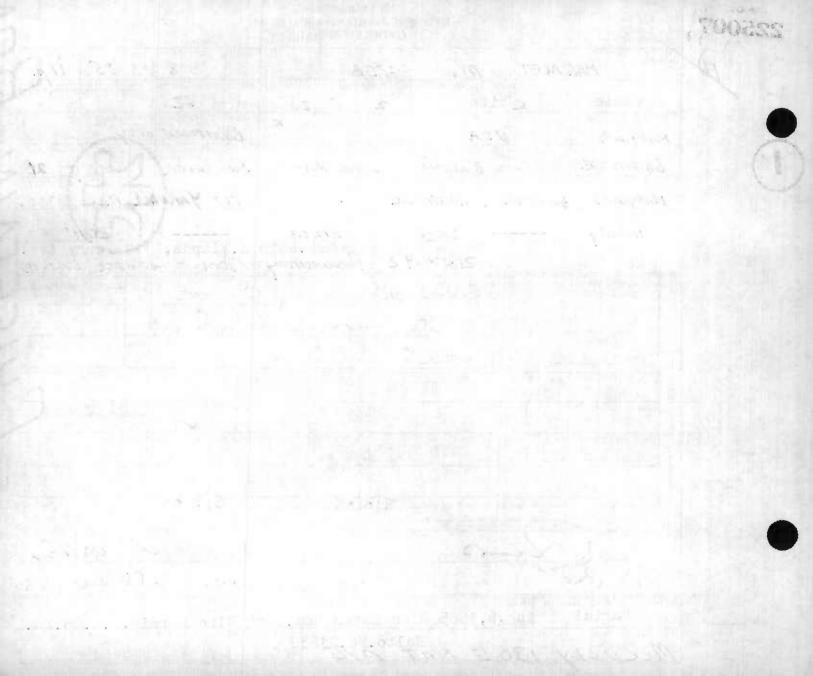
23b. DATE Aug.6,1985

236 NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OR TOWN

K Glen Burnie. Glen Haven Mem.Park

ADDRESSBALTO .Md .21230 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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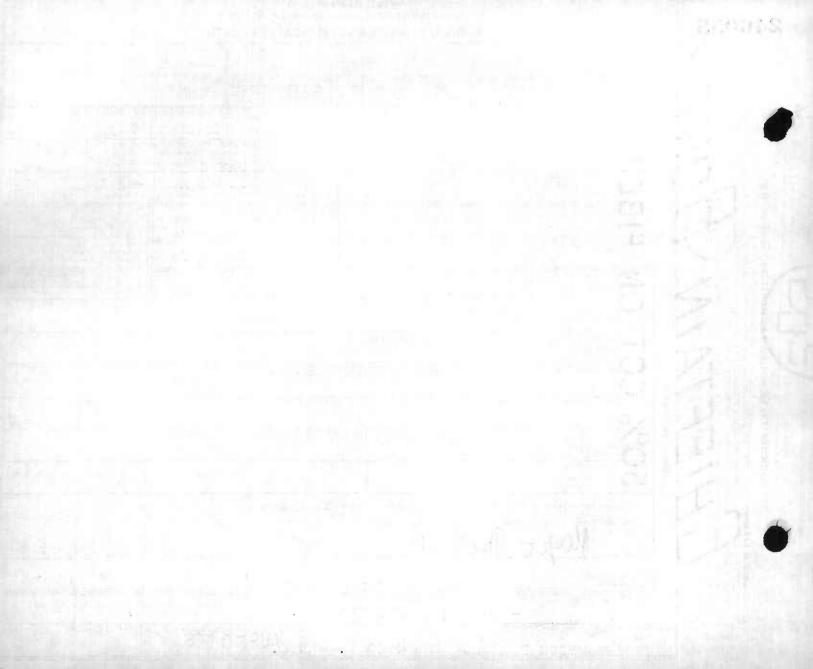
	REGISTRAR				REG. NO.	Table 19 and 19			
	CEASED NAME FIRST		GREC (18-35	-85	3 AM		
3 SE	MALE	CAUC.	5. DATE OF BIRTH MONTH DAY 04- 18	YEAR		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.		
7a B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIED LI NEVER	MARRIED BAL	ALLINORS	0.1.	MD.		
10, C	BALLINORC	11. NAME OF HOSPITAL, NURS (1E NOTEN SUCH EACHLITY, GIVE STRI			SUAL OCCUPATION OF WORK FOR MOST OF WORK LF CMP/O	ING LIFE) INDUSTRY	of BUSINESS OR Drodue		
USU 13a	STATE HIS COUL	ROTHER INSTITUTION, GIVE RESIDENCE BEF NTY 13c. CITY OR TO	OWN 134. INSIDE	CITY LIMITS? 13e.STI	REET ADDRESS ZIP OF FOR	code rest Pk	21207 Auc		
0	SALUATORE	MIDDLE GRE	eo 1	S MAIDEN NAME	WIDDIE	Pizz	10		
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	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last	TE CAUSE (0). ADENOCAK DUE TO, OR AS A CONSEC (b)	DUENCE OF				MOWTHS		
CERTIFICATION		RATION PRELIMO		L FAILURE	AUTOPSY* 20b.	IF YES, WERE FINDINGERTIFYING CAUSES	NGS USED		
MEDICAL CER	718. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE IN EITHER, NOTHER MEDICAL EXAMINE 714. INJURY OCCURRED	ATH HOUR A.M MONTH	DAY YEAR 19 211 LOCAT		OB IONN	M 18 PART I ORPART 2) COUNTY	STATE		
	27a. I certify that (I) (the heartest) oftended the deceased from DECEMBER, 19.83, to 8.35, 19.85, the saw the deceased alive an abave, of (we) (did) (did) of) view the body ofter die this. 27b. SIGNATURE DEGREE ATENDRIC MEDICAL STAFF								
	220. PHYSICIAN'S NAME (TYPE	OR PR	22e. ADDRE	33 D(N 5	Ecours	HOSPITM	40 3122		

DHMH - 16 50M 4/83 (VRA 15, 4)

FEDSAS CALVARIANT CARLO MARKS A STATE OF THE STA SECRETARY STATE OF THE PROPERTY OF THE PARTY Every trees 3/20/15 Days of The House Marie Marie the following the section of the second

24	COSE	1.	FOR STATE		DEPARTMENT OF HEA			2 5			
704	6055		REGISTRAR	ME	DICAL EXAMINER	S CERTIFICATE O	F DEATH REG. NO.	114			
	X		CEASED NAME FIRST		MIDDLE	LAST	20. DATE KNOWN MONT	TH DAY YEAR 26. HOUR			
	Manage A	(,,,,		TEREE	GR	EEN	DEATH MATED B-29	9-85			
	A CHE OF THE	3 SE		5 DATE OF BIRTH	6 AGE (IN YEARS)	FUNDER 1 YR. IF UNDER		H DAY YEAR 24 HOUR			
	NS SNS	FI	EMALE BLACK	09-23-3		MONTHS DAYS HOURS	MIN. PRONOUNCED DEAD	0_85 19 3:250			
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	S. S	N	ORTH CAROLINA	USA		ARRIED NEVER MARRI	- D 111 011	v			
	FLAY IS NECESSARY PLEASE TO THE FUNERAL DIRECTOR. 1 PAGE 5 FOR YOUR FILES. BEFILED, WITHIN 72 HOURS. 520 W. PRESTON STREET	ID. C	ITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING HOME, OR		124. USUAL OCCUPATION (TYPE OF WOR	(11)			
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	AND 3 TO AND	USU	AL RESIDENCE (IF IN NURSING HOME				DAY CARE MOTHE	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
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- 3	N N L		18 CAUSE OF DEATH (Enter of	nty one cause per line	e for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	UTED WITHIN 24 HOUS IN PENCIL IN ITEM IS EXAMINER ALONG WISH IS		PART I DEATH WAS CAUSI	ATE CAUSE (a) Ar	teriosclerotic	cardiovascu	lar disease	BETTEL ONSET HIS GEATT			
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0 2	CERTIFICATE SHOULD RITING THE WORD "PE DED TO THE CHIEF M ES 3 SHOULD BE USED A ES OFPARTMENT OF HER DIPPIOR TO BURIAL, OF		UNDERLYING OR CONTRIBUTING CAUSE OF		A. MONTH DAY YEAR						
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Div	O F F D E S	M	WHILE AT WORK	STREET, FAC	TORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE			
	E, WA		AT WORK				M				
			22a I certify that I took char	ge of the remains de	scribed above, held on A	utapsy Inspection	X, Inquiry , and in my	apinian			
	E BELLE		death resulted fram Nati	ural causes (A)	Accident , Suicide	, Homicide	Undetermined manner				
	EXAMIN CERTIFIC ULD BE DIRECT WITH I		ACTUAL MOND	e Oho	W 1V	TITLE (SPECIFY)	6.43	8-30-85			
	KALEX SHOULD ERALDIR EATH, WI	-	SIGNATURE								
	WO DE DE	+	EXAMINER'S NAME M.	wannita A	. Korell, M.D.	111 P	enn Street				
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, BALTIMORE, M	-	(TYPE OR PRINT)			ADDRESS					
	EBSE48	23a.B	URIAL, CREMATION, REMOVAL		23c. NAME OF CEMETER		M CHYOBALTIMORE, C	NYA'R YI. A NATATE			
07/84 25M	BP	1	BURIAL	09-02-85	CROWNSVI						
ZSM	DHMH - 17	1	UNERAL DIRECTOR	ADDRESS		25a. DAIE F	REC'D. BY REGISTRAR 256. REGISTRAR'S	SSIGNATURE			
	(VR A15 ME (5))	BR	OWN/THOMPSON	FUNERAL	HOME 1913	W. BALTOAU	0 3 0 1900				

STATE OF MARYLAND



	STATE	OF MARY	LAND
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e 4 moy be ictor page s ofter deat	3. SE		CAUCASIAN	5 DATE OF BIRTH MONTH 12 - 24 - 32	6 AGE IN YEARS LAST BIRTHDAY) IF I	UNDER LYEAR IF UNDER 24 HRS
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1 1 8	10 C		1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, UNIVERSITY OF	G HOME OR OTHER INSTITUTION ADDRESS MARYLAND HOSE	126 USUAL OCCUPATION (37 F OF WORKING LIFE) Homemaker	12b. KIND OF BUSINESS OR INDUSTRY Own Home
20(A)	USU 13n	AL RESIDENCE (IF NURSING HOME OR OF CONTACT HOST SOUNT	THER INSTITUTION, GIVE RESIDENCE BY OR TOW		STREET ADDRESS / ZIP CODE	21213
red w		Joseph	P. Amend	15 MOTHER'S MAIDEN NAM	MIDDLE	Schockney
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by the h ERAL DIR e detoche State Dep		22d. PHYSICIAN'S NAME THEOR	od, Morel	for MATINDING PHYSICIAN B	MEDICAL STAFF DIRECTOR PHYSICIAN	08-17-85
TO HOSPIT TO FUNER should be owith the Ste	22-	ANTHONY	L. MOUTO	J LINIU. MARY	LAND HOSPITAL,	27. SOREEN
DD.		BURIAL, CREMATION, REMOVÁL	Commence of the commence of th	NAME OF CEMETERY OR CREMATORY		OUNTY STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

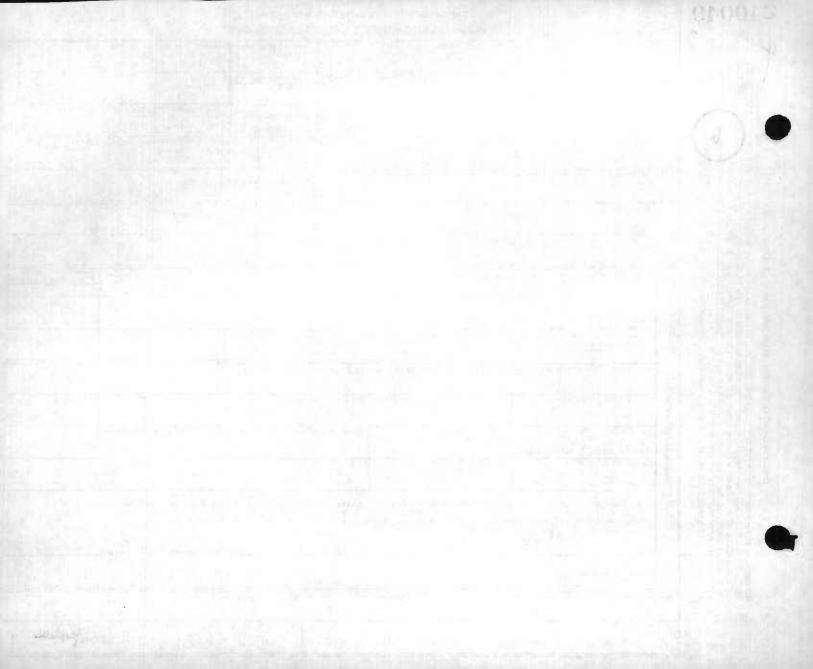
24 FUNERAL DIRECTOR

BP.

Cem. | Baltimore, Balto, Maryland 230. DATE REC'D. BY REGISTRAND SIGNATURE D4AUG 19 1985 Ruck Towson Funeral Home, Inc. Towson, Md. 21204

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			EXAMINER'S NAM	Ann	M. Dixon	, M.D.	- 30	111 F	Penn St	t., Ba	lto.,	MD 2	21201	
	EXECUTE THE CERTIFICATION OF A SHOULD BE FOR A SHOULD BE FOR A SHOULD BE FOR A SHEED DIRECTOR. WITH THE BALTIMORE, MARYLAND	77.0	(TYPE OR PRINT) _			23c. NAME OF C		ADDRESS	23d LOC	ATION				
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07/84 25M	BP		UNERAL DIRECTOR		/ 24/ 05	Darcine	20 001		E REC'D. BY R			AR'S SIGN		
	DHMH - 17			ob E/U	110 ADDRESS	North Ave		A	16 22	3005	0 14	aux dson	7.1	200 :
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DIVISION OF VIT

11 10 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE 82 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 77c DATE SIGNED STAFF ATTENDING MEDICAL should be deto with the State PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME (TYPE OR PRINT 22e. ADDRESS Jennihr Patkn, M.O. SINAI HOSPIMM, BALTIMORE, MO 0 23c NAME OF CEMETERY OR CREMATORY 73d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE Burga STATE 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 JOSEPH LI RUN 2222 LI ROPETA AIRE in deviden (VRA 15, 4)

STATE OF MARYLAND

7b. HOUR

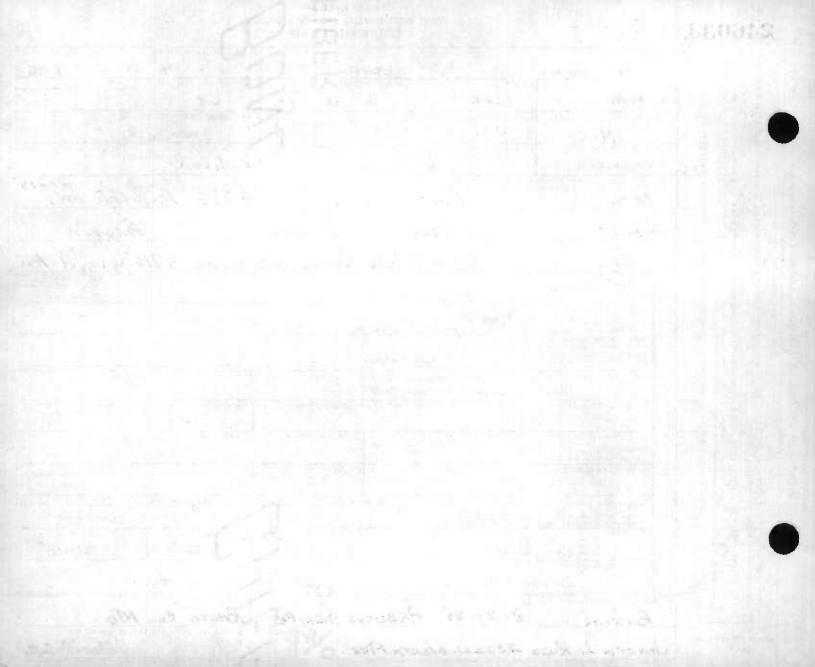
17h KIND OF BUSINESS OR

APPROXIMATE INTERVA

40 minutes

IF UNDER 1 YEAR

INDUSTRY



64	FOR - STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	GIENO 2 2	2 2 9	
	CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR	
VI	ARRIE	ANN	GRIFFISS		AUGUST 11.	1985 10:30 A	
3 SE	X	4. RACE	5. DATE		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS	
F	emale	White	July	16, 1895 YEAR	90 YR:		
70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH		
M	aryland	U.S.A.	WIDOW	Y	BALTIMORE CIT	Y MC	
1/2	LTIMORE,	(IF NOT IN SUCH FACILITY,		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOMEMAKET	126. KIND OF BUSINESS OR	
		NTY 13c. CITY	ENCE BEFORE ADMISSION) OR TOWN tonsville	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO 2203 Old Fred	one erick Road 21228	
0	ATHER'S NAME FIRST James	Henry	Brown	15 MOTHER'S MAIDEN NA	WE	Delahay	
2 16 N	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES!	4-24-6695	Richard Hut	chins Same as	# 13	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA		a), (b), and (c	Vond.	tehelex	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A C		Dali	Calley	18M2	
NO	PART 2 OTHER SIGNIFICANT	conditions <u>contribu</u>	TING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 110	
THECATION	M DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	DN WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO	
CAL CEN	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MO	NTH DAY YEAR	21t HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART OR PART 2}	
MEDIC	THE INJURY OCCURRED WHILE AT MORE AT AGES	21e. PLACE OF INJUI (AT HOME STREET, FACTO		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE	
	220) certify that (A) (this hasp	1.10	10 15	nd that ((m)) (aur) apinion	, to death accurred an the date and l	that I (we) last that and from the causes stated	

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL Burial 8/14/85

23b. DATE

224 PHYSICIAN'S NAME (THICK MINT)

23c. NAME OF CEMETERY OR CREMATORY Meadowridge Memorial

22e ADDRESS

23d LOCATION Dorsey

900 SO. CATON AVE. BALTO.

COUNTY

Md.

24 FUNERAL DIRECTOR Leroys M. & Russell C. Witzken Funeral Homes P.A. 1630 Edmondson Avenue, Catonsville, Md.21228 REGISTRAR 25b. REGISTRAR'S SIGNATURE

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21212

4905 York Road Balto., MD

(VRA 15, 4)

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staff a starct of one in

STATE OF MARTLAND		0	17	
DEPARTMENT OF HEALTH AND MENTAL BYGIENE	-	Con.	La	4
CERTIFICATE OF DEATH				

		STATE REGISTRAR	-75			CERTIF	ICATE OF DEATH	RE	G. NO.	440	1		
		CEASED NAME	FIRST		AIDDLE	l.	AST	20. DATE OF DEA	тн момтн	DAY YEAR	26 HOUR		
1	72	ω	ILLIA	M i		GRO	SS	AUGUST	29, 19	785	12:25p	И	
	3. SEX	X	1 3	4 RACE		5. DATE C	DAY WEAD	6. AGE (IN YEARS L	AST BIRTHDAY	MONTHS THAT			
		Male		Whi	te	Nov		76	YR	S	The state of the s		
3		RTHPLACE (STATE OR I	FOREIGN	76 CITIZEN OF	WHAT COUNTRY	Y? 8	D TIEVER MARRIED	9 BALTIMORE C	ITY OR COU	NTY OF DEATH	7-8-5-	_	
L		MD		U:	SA	WIDOWE		BALTIMORE CITY					
800	10 CI	TY OR TOWN OF DEA	ATH	11. NAME OF H	HOSPITAL, NURS	SING HOME C	OR OTHER INSTITUTION	120 USUAL OCCI		126 KIND	OF BUSINESS OF	>	
5		ALTIMORE					LTIMORE MD	Guard	-		llery		
5	13a. S	MD	13P CON		130 CITY OR TO Balto	WN	13d INSIDE CITY LIMITS? YES NO	Ave.,	21218				
	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM		DIE		LAST .		
O		William			ross		Elizabeth			Vilt			
1		WAS DECEASED EVER IN U.S. ARMED FORCES			166 SOCIAL SE		17 INFORMANT	1	DD905	North F	Hill Rd.		
		Yes WW II			218 03 0371 Helen D. Po			owell,	Balte	o. , MD	21218		
	5	18 CAUSE OF DEATH (Enter only one cause per line for ro., (b), and ro.											
	PARTI. DEATH WAS CAUSED BY. [MMEDIATE CAUSE DO] [MMEDIATE CAUSE DO]												
		888	MARCOIA		R AS A CONSEC	1						_	
		Canditians, if any,	which	DUE 10, OI	probab	Je au	umonary emb	olis		1	b.C		
		gave rise to imr	mediate) 10,	2.5		1					_	
	- 1	underlying cause		DUE TO, OI	R AS A CONSEC	hio S	tracture Suce	gery		7	days		
	139	PART 2. OTHER SIGN	VIFICANTO	CONDITIONS	INTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM						
	Z O	TAKE 2. OTHER STORY I CART CONDITIONS											
	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO P				_	
1	IFI											-	
	ER	21a. ACCIDENT WAS UNI	DERLYING (21c. HOW INJURY OCCURR			hand.		-	
-		OR CONTRIBUTING		-	M. MONTH								
	MEDICAL	216. INJURY OCCUR		21e PLACE	V + V	19 8	211 LOCATION					_	
>	ME	WHILE NOT WE	XX 300		EET FACTORY OFFIC	E, FARM, ETC)	STREET		ORTOWN	COUNTY	STATE		
-		22s. I certify that (X	SK.		Home	Augus	905 N. Hil	L Road.			_, that X (we) las	_	
>		saw the decease	ed alive an	Augus	t 29. 19	85	nd that in (n) Au apinian (have one from the	a, that (H (we) las	.1	
-		saw the decease abave, (X 1574) (s 22b. SIGNATURE	did) (XXX)X	t view the bady	alter death.		DEGREE A MALAAA					_	
		1						PROMEDICAL MEDIC	MITAKAMINED		TE SIGNED		
		72d. PHYSICIAN'S N	mae	-MU			PHYSICIAN [DIRECTOR [] P	HYSICIAN	8	-29-85	_	
		DANIEL	,				3900 Loch R	augu Rliv	d Ralt	imaka IH	01010		
-	00. 5				Too		1			shore Mu	21218	=	
		BURIAL, CREMATION,	REMOVAL				EMETERY OR CREMATORY	23d LOCATION Balt		COUNTY	MD STATE		
	04.61	Burial		8/31/			oreland						
	24 FU	UNERAL DIRECTOR	Henry	y W. Je	enkins	& Sons	S CO. 250 DATE	SFP 4	COLE	ISTRAR'S SIGN.	ATURE		
	10	205 York	Road	1 Balto	. MD	212	12	SEP 4	TOD.	The stand stage			

21212

4905 York Road Balto., MD

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT: If hemp2 is

Man York Food Ballo, NO State

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIENE 227024 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 26. HOUR DECEASED NAME TYPE OR PRINT! & AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS 1. SEX temale 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE MARRIED NEVER MARRIED DIVORCED 126. KIND OF BUSINESS OR 4 FATHER'S NAME 17 INFORMANT WAS DECEASED EV (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF Chronic Renal Failure Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOD YES [NO I 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (& (this haspital) attended the deceased from and that in (and (aur)) apinion death occurred on the date and hour and from the causes stated above, tylwe) (did not yiew the bady after death 226. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN SNAME LUMEO 22e ADDRESS 23d. LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY COUNTY STATE Aug. 14, 1985 Burial Annunciation Cemetery West Mahanoy Township 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR guine Davidson- Handales DHMH - 16 50M 4/B3 (VRA 15, 4) Singleton Funeral Home, Glen Burnie, Md. 21061

ENLINE THE STREET OF HER SON HE HOLD CONTROL SON FROM A STATE OF THE STA The spiritual of the state of t COMPLETE AND SERVICE AND ADDRESS OF THE PROPERTY OF THE PROPER the second SHI and a second second second second leading to the second second

FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2b HOUR P 10: ,00

F UNDER 24 HRS

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

that (I) (we) lost

REG. NO

	1 / 1		CEASED NAME	FIRST		MIDDLE		ASI	20 DATE OF DEATH M	ONIH DAT YEAR	ZE HOUR
-	eo th	(TYPE	OR PRINT)	LISA		Κ.	G	ROVES	AUGUST 27	, 1985	10:
36	2 8 8 8	3 SE	X		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER 1 YE	
	ector s oft		Female		Whi	te	Jun	e 9, 1962 YEAR	23	YRS	S HOURS MI
3	1000		RTHPLACE (STATE O	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	9	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY		
1	1 1		Maryland		U.S.	.A.	WIDOWE				
	- 1 1		ITY OR TOWN OF DI	EATH /	(IF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESSI	OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS
-102		1	LTIMORE			THE JOHNS HOPKINS HOSPITAL			Secretary	Off	ice
ND 212	12.	3a. S	AL RESIDENCE (IF NU STATE Maryland	Ub COUN		13c. CITY OR TOW Catonsvi	N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / 2 701 Dorch	ZIP CODE ester Road	21228
YLA	f-12	14 F	ATHER'S NAME	*	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		1467
MAR	0 1 1 1	1	John		M.	Grov	res	Sandra	J.		iville
BALTIMORE, MARYLAND	Day See Market		VAS DECEASED EVE		MED FORCES? E WAR OR DATES)	16b. SOCIAL SECU 218-86-1		John M. Grov	211 Drums es Pasadena	Avenue N., Md. 2112	2
RECORDS, 201 W. PRESTON ST.	The low requires that the death certificate stan. The has been signed by the ottending pays, in permit. Then please remove carban cape green prior to buriol, cremation, or removal. Those say injury, or other traumatic event, it	CERTIFICATION	Conditions, if on gove rise to in couse to in state underlying course. PART 2 OTHER SIG	was cause IMMEDIAT y, which neediote ing the se lost. GNIFICANT C	DBY. E CAUSE IO) DUE TO, CO (b) DUE TO, CO (c) CONDITIONS CO 196 COND	DISEAS DITION FOR WHICH	Re Ne Ne NCE OF DEATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY? YES NO	200. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS USED SES OF DEATH? NO
DIVISION OF VITAL	OR ATTENDING PHYSICIAN: 1 he hospitol or ottending physician DIRECTOR: After this certificate forched for use of the buriol-trons pepti. of Heolth and Mental Hygilf them 21 is marked or them 18 kg.	MEDICAL CE	22a.1 certify that (CAUSE OF DEAD DICAL EXAMINER RRED WHILE ORK (1) (this hospi	HOUR A P P 21e PLACE (AT HOME ST	.M. MONTH DA ,M. OF INJURY REET, FACTORY, OFFICE F	19 ARM, ETC.)	21f. HOW INJURY OCCURI	city or row to 27 deoth occurred on the dote	N COUNTY 19 e ond hour and from 1 22c. De	STATE
	O HOSPITAL O FUNERAL Should be de with the Stot		1	.L. Cl	emens	M.D.		601 N.	DIRECTOR PHYSICIAL JOHNS HOPKI WOLFE ST. BA	NS HOSPITALTO MD	1205
	F o F a v Z	23 a	BURIAL CREMATION	N REMOVAL	23h DATE	23c t	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		

8/30/85

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

(SPECIFY)

Burial

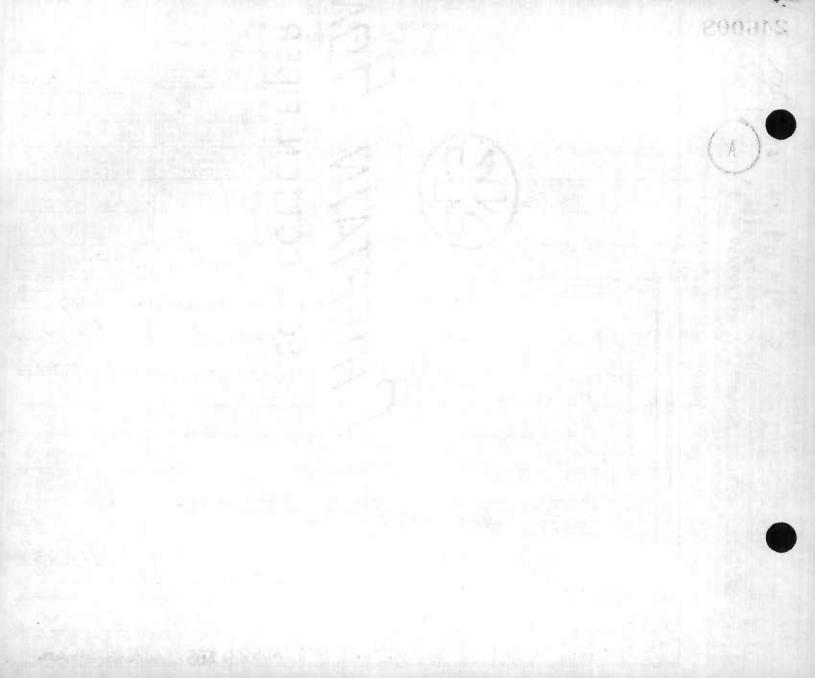
24 FUNERAL DIRECTOR Leroy M. & Russell C. Witzke Funeral Homes P.A. 1630 Edmondson Avenue, Catonsville, Md.21228

Druid Ridge Cemetery

COUNTY Md.

REGISTRAR 256. REGISTRAR'S SIGNATURE

Baltimore



24602	1	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALT	H AND MENTAL H	YGIENS 2 REG. NO	2 2 3	
m	-		CEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
noy be	deot		Haron			ber		Aug 24	85 4 5 ar
Ε ",	rs offer	3. SE	Male	1. RACE White	5 DATE OF BIR	DAY YEAR	6. AGE (IN YEARS LAST BIR	MONTHS	R I YEAR IF UNDER 24 MRS DAYS HOURS MIN.
nerol dir	See.		RTHPLACE ISTATE OR FOREIGN OUNTRY) Moryland	76. CITIZEN OF WHAT COUNTRY	MARRIED T	NEVER MARRIED DIVORCED		RCOUNTY OF DE	Cety M
of the fu	Z Paried	1	Saltimore	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OT TADDRESSI	HER INSTITUTION	120 USUAL OCCUPATE TYPE OF WORK FOR MOST O	ON 12b. F WORKING LIFET IND	KIND OF BUSINESS OF DUSTRY
1)	ould be fill	USUA	L RESIDENCE HE NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)	NSIDE CITY LIMITS?		ZIP CODE	1 21215
1	2	14 FA	THER'S NAME FIRST	MIDDLE LAST	15. A	Fannie		Y	Baker
C ON	Poges		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECULAR OR DATES) 219-03		Medical	- record		
ofe b	ol.			nly one cause per line for (a), (b), a D BY:	nd (c).1				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
orthic g phy	eno			TE CAUSE 10) Corebral	vascular o	iccident			10 day 5
hat the death of by the attending	ose remave carb 1, cremation, ar ather troumotic		Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause lost	DUE TO, OR AS A CONSEOU (b) PC O NEED DUE TO, OR AS A CONSEOU	1 vascu	ar divas	e		many years
S, 20	burio burio ury, or	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT	RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN	PART Ho
law requ	e prior to	CERTIFICATION	190 DATE OF OPERATION	100 CONDITION FOR WHICH		S PERFORMED	20a AUTOPSY?	IN CERTIFYING	E FINDINGS USED CAUSES OF DEATH?
IAN: The physician	ol Hygien		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH	AY YEAR 21c.	HOW INJURY OCC	YES NOTO	YES THE TEM IS PART I OR	PART 2)
O PHYSICIAN: The other ding physician er this certificate h	the burial-r	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE) 214 INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.		LOCATION STREET	CITY OR TO	wn co	STATE STATE
TENDING oital ar o	or use os af Heolth 21 is mark	S	220.1 certify that (1) (this hospi	attorion attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	7 113 75 , and the		5 to gizy		rom the couses stated
AL OR AT THE HOSP	te Dept. T. If Hem		22b. SIGNATURE Morman (View the body after death.	DEGR	EE ATTENDING PHYSICIAN		FF _ /	8/24/35
TO HOSPITAL retoined by 11	should be deto with the State IMPORTANT: H		Norman A	A-Cohen	ne 5	ADDRESS 1929 B W	Jestern Run	Or. Apt 1	Baltimere &
BP	☆ > ≧	23a. B	URIAL, CREMATION, REMOVAL SPECIFY) BULLA	236 DATE 230. 8-26-85 He	brew You	ERY OR CREMATOR	y 23d LOCATION CITY OR TOWN WOODIAW	n Balt	. Maryla
DHMH - 16 5 (VRA 15		11	INERAL DIRECTOR BYEW MEMORIA	IFHIR 1100 F	211 Peisterst	own Ra	ATE REC'D. BY REGISTRAR	25 REGISTRAR'S	SIGNATURE AND AND

THE STATE OF

24 modelli Ma

27	240
h certificate be executed within 24 hours after death. Fage 4 may be	iding physicion and comment filled in by the funeral director, page 3 contrangers. Plant 1 and 2 hould be filed within 72 hours often death
5	0 0

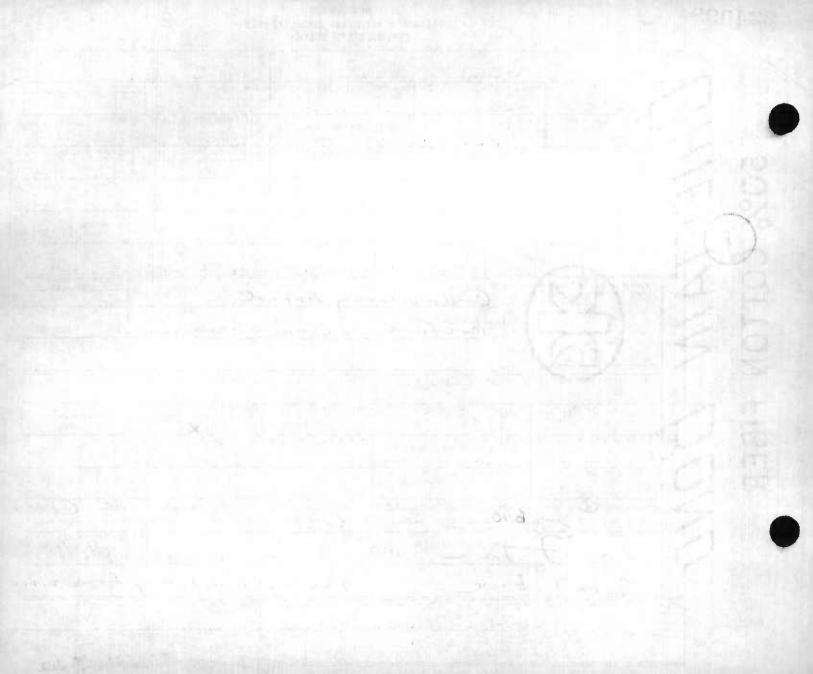
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

	1.	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	l Williams 1	3
5		CEASED NAME FIRST	MIDOLE		AST	20 DATE OF DEATH MONT	H DAY YEAR	2b HOUR
	LIANE	GLADYS	JOHNSON	GUNT	THER	8 03	1985	M
	3. SE)	X	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
		FEMALE	BLACK	MONTH 3	14 1913	72	YRS DAIS	HOURS MIN.
7		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	21/2		BALTIMORE CITY OR CO		
La		RYLAND	II C A	MARRIE	D NEVER MARRIED	DAITTMODE	OTMV	***
_	-	ITY OR TOWN OF DEATH	U.S.A.			BALTIMORE 126 USUAL OCCUPATION		MD. BUSINESS OR
0	DA	LUTMODE	(IF NOT IN SUCH FACILITY, GIVE STR			TYPE OF WORK FOR MOST OF WOR		
		LTIMORE AL RESIDENCE (IF NURSING HOME OF	4242 Evans Ch		pad	SECRETARY	CHI	URCH
1	13a S	STATE 136 COUN	NTY 136. CITY OR TO	OWN		13e STREET ADDRESS / ZIP	CODE /	2/1
-		RYLAND	BALTIM	ORE	YES NO 15. MOTHER'S MAIDEN NAM	4242 EVANS C	HAPEL ROAD	
2	IA PA	FADC 7	MIDDLE LAST		FIRST	WIDDLE	LAST	
	0	UNKNOWN			MABLE		JOHNS	ON
19		VAS DECEASED EVER IN U.S. AR	VE WAR OR DATES)		17 INFORMANT	ADDRESS		
		YES, NO OR UNKNOWN) (IF YES, GIV	218-22-	8295-A	JAMES E. GUN	THER, 4242 EV.	ANS CHAPEL	ROAD
		18 CAUSE OF DEATH Enter or	nly one couse per line for to), (b),	ond (c)	,		APPROXIM BETWEEN O	NATE INTERVAL
		PART 1. DEATH WAS CAUSE IMMEDIA	TE CAUSE 10) Card	upulm	many Anne	15 T		
			DUE TO, OR AS A CONSEC	OLIENCE OF	J			
ä		Conditions, if any, which	(b) Metos		c uterine	coranon		
			10)					
	-	gove rise to immediate	}					
7		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEC	OUENCE OF				
		couse (a), stating the underlying couse lost	(_{[c)}		NOT RELATED TO THE TERM	INAL DISEASE OF CONDITION	IN GIVEN IN PART 1/a	
	NO	couse (a), stating the underlying couse lost			NOT RELATED TO THE TERM	inal disease or conditio	ON GIVEN IN PART 110	
	ATION	couse (a), stating the underlying couse lost	(_{[c)}	TO DEATH BUT			ON GIVEN IN PART 1:0	
2	IFICATION	couse (a), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT ((c) CONDITIONS CONTRIBUTING 1	TO DEATH BUT		20a AUTOPSY? 20b	. ÎF YES, WERE FINDIN CERTIFYING CAUSES (GS USED OF DEATH?
2	ERTIFICATION	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING 1	TO DEATH BUT	N WAS PERFORMED	200 AUTOPSY? 200	TEYES, WERE FINDIN CERTIFYING CAUSES (YES []	GS USED
2	L CERTIFICATION	couse (a), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHI	TO DEATH BUT	N WAS PERFORMED	20a AUTOPSY? 20b	TEYES, WERE FINDIN CERTIFYING CAUSES (YES []	GS USED OF DEATH?
2		COUSE (0), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT (19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE. (1F EITHER NOTIFY MEDICAL EXAMINE)	CONDITIONS CONTRIBUTING 1 196 CONDITION FOR WHI 216. TIME OF INJURY HOUR A.M. MONTH R) P.M. •	TO DEATH BUT	N WAS PERFORMED 21c HOW INJURY OCCURR	200 AUTOPSY? 200	TEYES, WERE FINDIN CERTIFYING CAUSES (YES []	GS USED OF DEATH?
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2		PART 2 OTHER SIGNIFICANT (19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEL (15 ETHER NOTIFY MEDICAL EXAMINET 21d. INJURY OCCURRED WINIE NOT WHITE AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	TO DEATH BUT ICH OPERATIO DAY YEAR 19 CE. FARM. ETC.)	21c HOW INJURY OCCURR 211 LOCATION STREET	200 AUTOPSY? 20b IN	IF YES, WERE FINDIN CERTIFYING CAUSES (YES EM 18. PART 1 OR PART 2)	GS USED OF DEATH? NO
2		COUSE (0), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT (19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTHY MEDICAL EXAMINED WHILE NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE COURTED COURT	216. TIME OF INJURY HOUR A.M. MONTH P.M.* 210. PLACE OF INJURY	DAY YEAR 19 CE. FARM.ETC.)	21c HOW INJURY OCCURS 211 LOCATION STREET	200 AUTOPSY? 20b IN 1 YES NO SX RED (ENTER NATURE OF INJURY IN IT	IF YES, WERE FINDIN CERTIFYING CAUSES (YES EM 18 PART 1 OR PART 2) COUNTY	GS USED OF DEATH? NO STATE
2		PART 2 OTHER SIGNIFICANT (19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTHY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a I certify tho (1) this hosp	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	DAY YEAR 19 CE FARM.ETC)	216 HOW INJURY OCCURR 211 LOCATION STREET and that in (our) opinion of	200 AUTOPSY? 20b IN 1 YES NO SX RED (ENTER NATURE OF INJURY IN IT	IF YES, WERE FINDIN CERTIFYING CAUSES (YES EM 18 PART 1 OR PART 2) COUNTY	GS USED OF DEATH? NO STATE
2		COUSE (0), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT (198. DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINET 21d. INJURY OCCURRED WHILE OF WHILE AT WORK NOT WHILE OF	216. TIME OF INJURY HOUR A.M. MONTH P.M. 216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	DAY YEAR 19 CE FARM, ETC.)	216 HOW INJURY OCCURR 211 LOCATION STREET 19 DE GREE	200 AUTOPSY? 20b IN 1 YES NO SED (ENTER NATURE OF INJURY IN II) CITY OR TOWN to death occurred on the date of	IF YES, WERE FINDIN CERTIFYING CAUSES (YES	GS USED OF DEATH? NO STATE ho (h (be) lost ouses stoted
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DHMH - 16 60M 7/84

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(VRA 15, 4)



Reba Miller 824 Kevin Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 124. 20485 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE our) opinian deoth accurred on the date and have and from the causes stated 22¢ DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN LA Burial Dwings MD" 8/19/85 Garrison Forest VA Mills 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Wm. March F/H 1101 E. North Avenue

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

176. KIND OF BUSINESS OR

21213

Webb

DHMH - 16 60M 7/84 (VRA 15, 4)

232067

REGISTRAR

THE STREET

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とよん	010	1.6	REGISTRAR ECEASED NAM	E FIRST	M	EDICAL EXAMI	MEK.2	CERTIFICATE C	OF DEATH	REG. NO.		la usus
	2 8 8 8 E 2		YPE OR PRINT)	HORA	ACF	LESII	F GW	IALTNEY	20 DATE KNO OF E DEATH MA	ATED -8-	25-85,9	26 HOUR
	PEASE PRECTOR DIRECTOR FILES. 72 HOURS ON STREET	3 S	Male	Black	3 DATE OF BIRT	Y YEAR LAST BIRT	YEARS IF UP	NDER 1 YR. IF UNDER	AIN PRONOUNCE DEAD	D 8-	-25-85 ₁₉	3:15
6	S NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. 5, WITHIN 72 HOURS WITHIN 72 HOURS	Jo	BIRTHPLACE (S	STATE OR	76 CITIZEN OF	WHAT COUNTRY?		RIED NEVER MARE	HED IN I	ore Cit	UNTY OF DEATH	440
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BALTIMORE, MD. 21201	DEATH. IF GES 1, 2, W PM 3. AND 2 SI OF WITAL		FATHER'S NAM Hora	асе	WIDDIE	Gwaltney		15. MOTHER'S MAID Roset	ta		Johnson	
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RDS, 201 W. PRESTON ST	EXECUTED WITHIN 2 ING: IN PENCIL IN ICAL EXAMINER AU I BURIAL : TRANSIT I AND MENTAL HYD WATJON, OR REMON		gave ri couse (o lying car		(b)	OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR BUT NOT RELATED TO THE TIL	E OF	SE DR CONDITION GIVEN IN P	ART 1 (a):			
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•	MEDICAL EXAMINER: 1 CUTE THE CERTIFICATE, 2 A SHOULD BE FORM FUNERAL DIRECTOR; P ER DEATH, WITH THE ST TIMORE, MARYLAND, 3		226. I cert death result ACTUAL SIGNATURE	ted fram: Natu	ge of the remains or al causes ,	described above, held an Accident ,	Suicide	Inspection Momicide X TITLE (SPECIFY) A.D. Assista	Undetermined manni		y opinion TE 8 = 25 = 1	85
	TO MEDIC EXECUTE 1 PAGE 4 S TO FUNE AFTER DEA	4	EXAMINER'S (TYPE OR PRI	11-11		A. Korell,		ADDRESS	Penn Street			
07/84	BP		Buri		23b. DATE 8/31/85				Baltime	ore	M	TATE 1D
25M	DHMH - 17 (VR A15 ME (5))	24	WM. C.	March	F/H 111	fol E. Nor	th A		REC'D. BY REGISTRAR	The same of the	SSIGNATURE	

STATE OF MARYLAND

rector, page 3 urs ofter death

BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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640	Can	64	100

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

5:00p

									REG.	VO.		
		OR PRINTS	FIRST	,	MIDDL€	ŧ	AST		20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
J	1111		ennet	h G	alvin	Hadf	ield	Sr.	August 1	1, 1985	5	5:00p
	3. SEX			4 RACE		5. DATE C			6. AGE (IN YEARS LAST I		FUNDER LYEAR	IF UNDER 24 H
	M	ale	100	White		Feb.	24,	1923 EAR	62 years		UNINS	HOURS
1		RTHPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	- Feb NEVE	R MARRIED	9 BALTIMORE CITY		OF DEATH	
5		aryland	1	U.S.A.		WIDOWE		DIVORCED [Baltimor	e City		
	10 CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		R OTHER I	NSTITUTION	120 USUAL OCCUPA			OF BUSINESS
0	В	altimore		6521 D	anville A	venue	212	24	Pipe Mil			l Mfgr.
F	13a S	AL RESIDENCE (# NURS STATE aryland *	13b COUN	ITY	GIVE RESIDENCE BEFORE 131. CITY OR TOWN Baltimor	V	13d INSID	E CITY LIMITS?	13e STREET ADDRESS 6521 Dan	/ ZIP CODE	\170 '	21224
~		THER'S NAME	212	27	Darchion	_		R'S MAIDEN NA		VIIIC	100.	77774
0		amuel		anley	Hadfield			eoma.	WIDDLE		Baxter	
1		VAS DECEASED EVER		MED FORCES?	16h SOCIAL SECUI	RITY NO.	17 INFOR	MANT	ADD	RESS		
		es	WW		215-12-1	.856	Ev	elyn D.	Hadfield	same as	s 13e	
	NOI	Conditions, if any, gave rise to imrease (o), statin underlying cause	, which mediate ag the lost.	DUE TO, OI (b) DUE TO, OI	R AS A CONSEQUE	NCE OF	ler	ED TO THE TERM	INAL DISEASE OR CO	NOITION GIVE	N IN PART 1:	0-
2	CERTIFICATION	19a DATE OF OPERA	TION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PER	FORMED	20a AUTOPSY?		WERE FINDS	
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		sow the decease abave (1) we) (0					nd that in	ny) opinian	death accurred on the	date and hour	ond from the	that (1)we) l couses stoled
		22b. SIGNATURE	Wa	MIL	30		M		MEDICAL ST DIRECTOR PHYS	AFF ICIAN [8 1	SIGNED
1		22d. PHYSICIAN'S NA	AME (TYPE OF	RPRINT)			22e ADD	RESS				

DHMH - 16 60M 7/B4 (VRA 15, 4)

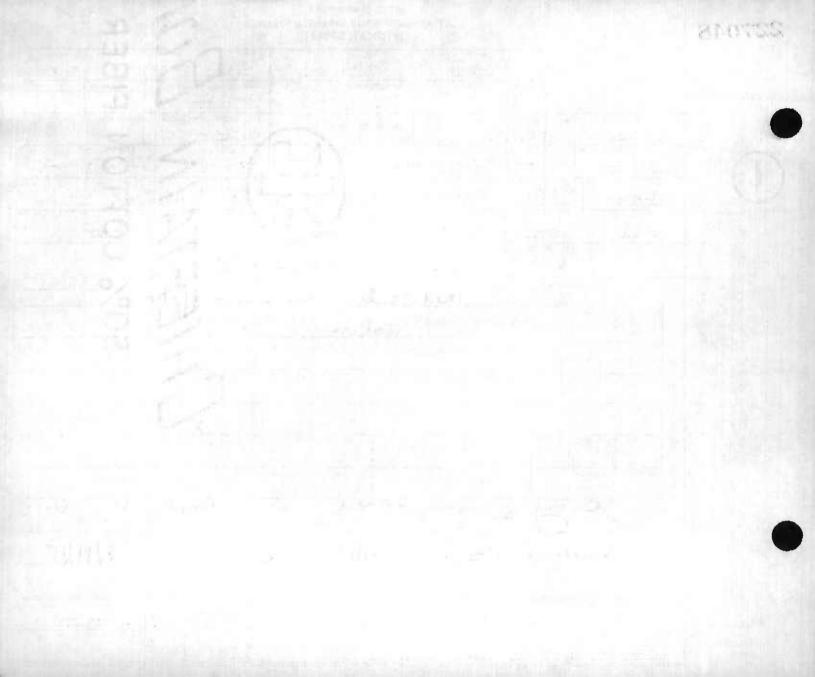
230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) 08/12/1985 Cremation

231. NAME OF CEMETERY OR CREMATORY Green Mount Crematory

23d LOCATION

Baltimore City, Maryland BY REGISTRAR 256 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR Walter Brooks Bradley, Inc. Balto., MD 21222



oth. Poge 4 may be	erol director, page 3
quires that the death certificate be executed within 24 hours ofter death. Page 4 may be	signed by the offending physician and combinery filled in by the funeral director, page 3 hen pieces remove combinations. Figure 1 and 2 hours often death
the deoth certificate be ex	signed by the offending abytician britisher pieces remove corbon prepers Pag
quires that	signed by then pleose

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

2

CERTIFICATE OF DEATH

TOWN OF DEATH IMORE DENCE (IF NURSING HOME OR OF DEATH LAND NAME FIRST JOHN HALL CEASED EVER IN U.S. ARMI OR UNKNOWN) (IF YES GIVE V	CITIZEN OF WHAT COUNTRY? USA NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADDITION) SOUTH BALTIMO HER INSTITUTION GIVE RESIDENCE BEFORE AE 13c. CITY OR TOWN BALTIMOR DOLE LAST ED FORCES? AN OR DATES! AND ONE COUSE OF TOWN ON TOWN ON TOWN OR DATES! AND ONE COUSE OF TOWN ON	MARRIED WIDOWED SHOWE OF OPERSS OF STATE OF STAT	2-11 NEVER MARRIED DIVORCED THER INSTITUTION NERAL INSIDE CITY LIMITS? ES X NO MOTHER'S MAIDEN N FIRST	7 4 9 BALTIMO BAL 17a USUALI (TYPE OF WOR 13e STREET / NURS	PRECITY OR OCCUPATION KFOR MOST OF WINDLE	YRS. VRS. COUNTY E C I NORKING LIFE OME	TY 126. KIND C INDUSTRY FEDER 1213	DF BUSINESS G AL HI LIGHT
TOWN OF DEATH IMORE DENCE (IF NURSING HOME OR OF 1 136 COUNTY LAND NAME FIRST JOHN HALL CEASED EVER IN U.S. ARMI OR UNKNOWN) (IF YES GIVE V USE OF DEATH LENTER ONLY RT I. DEATH WAS CAUSED IMMEDIATE litions, if ony, which	CITIZEN OF WHAT COUNTRY? USA NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADDITION) SOUTH BALTIMO HER INSTITUTION GIVE RESIDENCE BEFORE AE 13c. CITY OR TOWN BALTIMOR DOLE LAST ED FORCES? AN OR DATES! AND ONE COUSE OF TOWN ON TOWN ON TOWN OR DATES! AND ONE COUSE OF TOWN ON	MARRIED WIDOWED SHOME OR O DRESS GE DOMISSION 13d YE 15 T 1 B BICE OF T	2-11 NEVER MARRIED DIMORCED D	7 4 9 BALTIMO BAL 17a USUALI (TYPE OF WOR 13e STREET / NURS	TIMOR OCCUPATION KFOR MOST OF W ADDRESS ING HI MIDDLE	YRS. COUNTY E CI NORKING LIFE OME	OF DEATH TY 126. KIND O INDUSTRY FEDER 1213	DF BUSINESS G AL HI LIGHT
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RT I. DEATH WAS CAUSED IMMEDIATE	CAUSE (0) 9NTRAC	TIB ICE OF	LE HEA	DT I				OAD
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TE OF OPERATION	196 CONDITION FOR WHICH O	_		200 AUTO	NOD	N CERTIFY YES		NGS USED S OF DEATH? NO
NTRIBUTING CAUSE OF DEATH THER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY	YEAR 19		JRRED (ENTERNA	ATURE OF INJURY I	NITEM 18 PA	ART 1 OR PART 2)	
IJURY OCCURRED NOT WHILE AT WORK			LOCATION STREET		CITY OR TOWN	4	COUNTY	STATE
22a certify that (1) (this hospital) attended the deceased from 19 55. to 19 5. to 19 6. that (1) (we) los sow the deceased alive on 20 5. and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the Body after death. DEGREE ATTENDING MEDICAL STAFF								
7	- LI MAEEN	7	561 Delt	phins	+,Bo	1+0	MD 2	2121
A TO SE COL	HER NOTIFY MEDICAL EXAMINER] JURY OCCURRED NOT WHILE AND WORK PORT HONOR WITH HOS (I) (this hospitol WITH HOS (II) (we) (did) (did not) NOT WHILE AND HOSPITOL PORT HOSPITOL YSICIAN'S NAME (TYPE OF	ATRIBUTING CAUSE OF DEATH HER NOTIFY MEDICAL EXAMINER) JURY OCCURRED INDITION OF THE CAUSE OF DEATH AT WORK WITH COMMITTEE CAUSE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR AT WORK WITH CHARGE COMMITTEE CAUSE WHO HE deceased of the on CAUSE OVER, (1) (we) (did) (did not) view the body after death. THE COMMITTEE CAUSE PSICIAN'S NAME (TYPE CAUSE) THE CAUSE CAUSE THE CAUSE CAUSE THE CAUSE CAUSE THE CAUSE CAUSE THE	ARRIBUTING CAUSE OF DEATH HER NOTIFY MEDICAL EXAMINER) JURY OCCURRED INDITION OF THE CONTROL OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) Pertify that (I) (this hospital) attended the deceased from white deceased olive on the deceased olive ol	ATRIBUTING CAUSE OF DEATH HER NOTIFY MEDICAL EXAMINER) JURY OCCURRED The PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) Pertify that (I) (this hospital) attended the deceased from white deceased a live on Diver, (I) (we) (did) (did not) view the body after death. DEGREE ATTENDING PHYSICIAN TO A DIVERNMENT ATTENDING PHYSICIAN TO A DIVERNMENT TO A DIVERNMENT ATTENDING PHYSICIAN TO A DIVERNMENT TO A DIV	ATTENDING CAUSE OF DEATH HER NOTIFY MEDICAL EXAMINER) P.M. 19 21e PLACE OF INJURY (IAT MOME, STREET, FACTORY, OFFICE, FARM, ETC.) With deceased olive on With deceased olive olive olive olive olive olive olive olive olive oliv	TEGENT WAS UNDERLYING DEATH HOUR A.M. MONTH DAY YEAR PRINTING COURSED (ENTER NATURE OF INJURY HOUR A.M. MONTH DAY YEAR DIRECTION) JURY OCCURRED 216 PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] 217 LOCATION STREET CITY OR TOWN WHO deceosed of live on Decey of the body after death. CITY OR TOWN TOWN (I) (we) (did) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN YSICIAN'S NAME (179E COMMINT) The ADDRESS ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN TOWN AND THE COMMINT! The ADDRESS THE ADDRESS	CIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. TIRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 JURY OCCURRED 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN NOT WHITE AT WORK 19 55 10	TEGENT WAS UNDERLYING 21b TIME OF INJURY HOUR A.M. MONTH DAY YEAR AIRBUILING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19 P.M. 19 JURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATION 21f LOCATION 21f LOCATION 21f LOCATION 21f LOCATION

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit. I with the State Dept. of Health and Mental Hygiene prior

retained by the hospital or attending physician.

BP.



				STATE OF MARYLAND							
040004	1	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 2 2								
246064		STATE REGISTRAR	MEDICAL EXA	MINER'S CERTIFICAT	TE OF DEATH	41					
	1.1	CEASED NAME FIRST	WIDDLE	LAST	REG. NO.						
/		E OR PRINT)	THE STATE OF THE S	ENJ!	20 DATE KNOWN D	MONTH DAY YEAR 26 HOU					
28.88. 7	1	Anna	L	Hall	DEATH MATED	8 26 19 85					
A DE SE	3 SEX	4. RACE			NDER 24 HRS. 2c. DATE	MONTH DAY YEAR 24 HOU					
REC P		E Block	MONTH DAY YEAR LA	ST BIRTHDAY) MONTHS DAYS HOL		0 00 11:1					
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		- Black	10-11-1918 6	€ YRS.	DEAD	8 26 1985 p					
NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS WITHIN 72 HOURS	To B	RTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER	MARRIED BALTIMORE CITY OR	COUNTY OF DEATH					
S S S S S S S S S S S S S S S S S S S		15/11/10	USA		VORCED Baltimore C	~i+v					
SHAME STAN	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		1 2013.03211020						
TOBAY IS TOBAY IS TOBAY IS THE PROPERTY IS TO BE FILED.			(IF NOT IN SUCH FACILITY, GIVE STREET A	DDRESS)	FOR MOST OF WORKING LIFE)	OR INDUSTRY,					
A 0 3 H 0	1	Baltimore	3210 Vicker	s Road	CLERK	prug stolle					
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DIVISION OF VITAL REC MINER: THIS CERTIFICATE SHOULD E FICATE, WRITING THE WORD "PEN RE FORWARDED TO THE CHIEF ME TOR: PAGE 3 SHOULD BE USED AN THE STATE DEPARTMENT OF HEAN LAND, 21201 PRIOR TO BURIAL, CI		22a. I certify that I took charge	af the remains desgribed above, he	eld on Autopsy , Ins	pection X, Inquiry , and i	in my apinian					
MINING BE F		death resulted from Nature	ol courses X Accident	Suicide , Hamicide	Undetermined monner						
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TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE ROBGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALLIMORE, MARYLAND,		EXAMINER'S NAME (TYPE OR PRINT)	Dennis F. Smyth	M.D. ADDRESS 11	1 Penn St. Balto.N	MD.					
TO ME EXECU PAGE TO FU BALIL	23n B	URIAL, CREMATION, REMOVAL 23		OF CEMETERY OR CREMATORY	173d. LOCATION						
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 249082 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 26. DATE KNOWN MONTH DAY AY IS NECESSARY, PLEASE

THE FUNERAL DIRECTOR.

PAGE 5 FOR YOUR FILES.

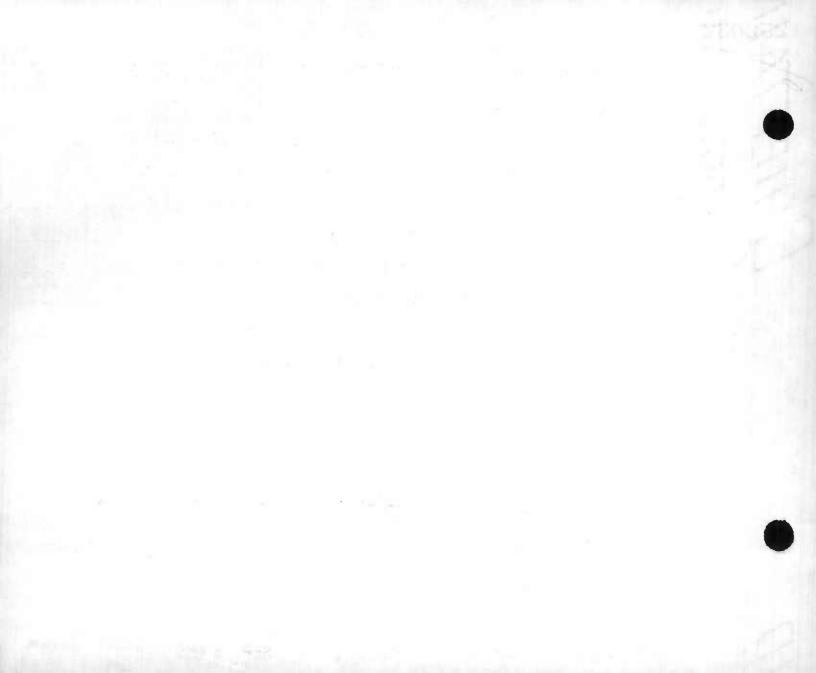
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AT ON W PRESTON STREET, (TYPE OR PRINT) 8-29-85 DEATH MATED CLARENCE HALL 4 RACE DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR LAST BIRTHDAY PRONOUNCED 8-29-85 :25P DEAD 195 Male White Nov. 6 78 BIRTHPLACE ISTATE OR L CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED EIKTON. Md. U.S.A. Baltimore City
No KIND OF BUSINESS DIVORCED 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OR INDUSTRY University Hospital Baltimore Dry Waller Const USUAL RESIDENCE (IF IN NURSING) OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 COUNTY 136 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Ceci Elkton Md. Fiechwood Rd 21921 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Clarence S. Hall Sr. 1 Keithlev 168. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO P. OADDRES X 352 I (IE YES GIVE WAR OR DATES) 212-70-0352 Beverly Hall Elkton. Md. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III 3 SHOULD BE USED AS DEPARTMENT OF HEALT I PRIGRETO BURIAL CRE 19s DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [218 EXTERNAL CAUSE WAS TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 1208 30PMONTB-229-85 UNDERLYING DOR driver of an auto/auto impact/auto overturned TIE PLACE OF INJURY LATHOME EXECUTE THE CERTIFICATE WITH PACE 8 SHOUD BE FORWARDED TO FUNERAL DIRECTOR PACE 31 AFTER DEATH WITH THE STATE DE BALLIMORE, MARYLAND, 21301 P STREET, FACTORY, FARM, ETC) WHILE AT WORK Rt. 40&Mechanic Valley Rd. Cecil Ci., Md. hgwy. 22a I certify that I took charge of the remains described above, held an and in my opinion Accident X Natural causes Homicide ____ Undetermined manner Assistant DATE 8-30-85 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS. 111 Penn Street 238. BURIAL, CREMATION, REMOVAL 236. DATE 73c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Cem. North North East Meth. East Cecil 07/84 24. FUNER PREGION Md 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** ia Davidson Randall (VR A15 ME (5))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 220068 - STATE ATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) GREVELL HALL DEATH MATED 18-1-85 3 SEX 4. RACE & AGE (IN YEARS IF UNDER 1 YR IF LINDER 24 HRS DATE 2d HOUR LAST BIRTHDAY FUNERAL DIRECT S FOR YOUR PRONOLINCED 14 8-1-85 1:18 13 DEAD O BIRTHPLACE (STATE OR 16. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City A.A.CO WIDOWED # DIVORCED FILED, V TAIN PAGE 5 IN CITY OF TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY CHAUFFEUR 1102 Druid Hil AXIDAM Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONI 13a STATE 13h COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 1102 PRUIDHILL AUD MA BLTIMONS 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME K. OBOLPHUS CAMSIE BURLBY 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) Frace Brooks 2207 WNORTH AUG 2.98-10-3959 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 198. DATE OF OPERATION E 3 SHOULD BE USED A DEPARTMENT OF HE USED / 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 214 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 210 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 211. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE X ERAL DIRECTOR: 220. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted from: Hamicide ___ Accident Undetermined monner DATE 8-2-85 ER DEATH SIGNATURE PAGE 4 TO FUNE AFTER DE BALTIMO EXAMINER'S NAME Penn Street Korell M (TYPE OR PRINT) ADDRESS BALTIMONE MD 21225 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY Potars face p Hayes EST & Colmon St. **DHMH - 17** in Day doon Bondall (VR A15 ME (5))

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BP		BURIAL, CREMATION, REM (SPECIFY) Burial UNERAL DIRECTOR	236 DATE			Memorial Par	23d LOCATION CITY OF TOWN ATBUTUS			land	
DHMH - 16 50M 4/83 (VRA 15, 4)		Ley-Douglass	Funeral			ZJU DAI	EP 5 1985	gulia D		Mandett.	



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must be posified of once.

IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, ar other traumatic event, the

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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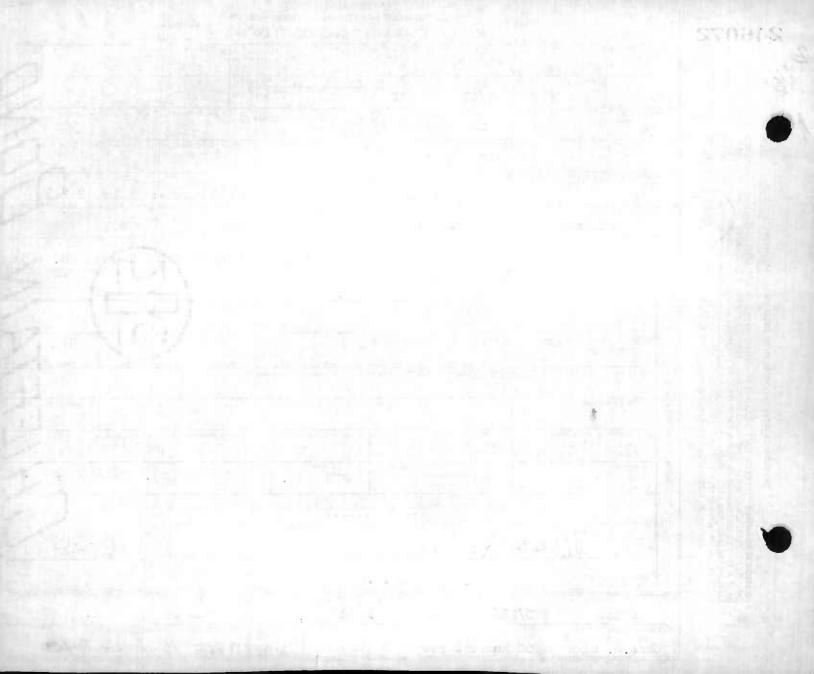
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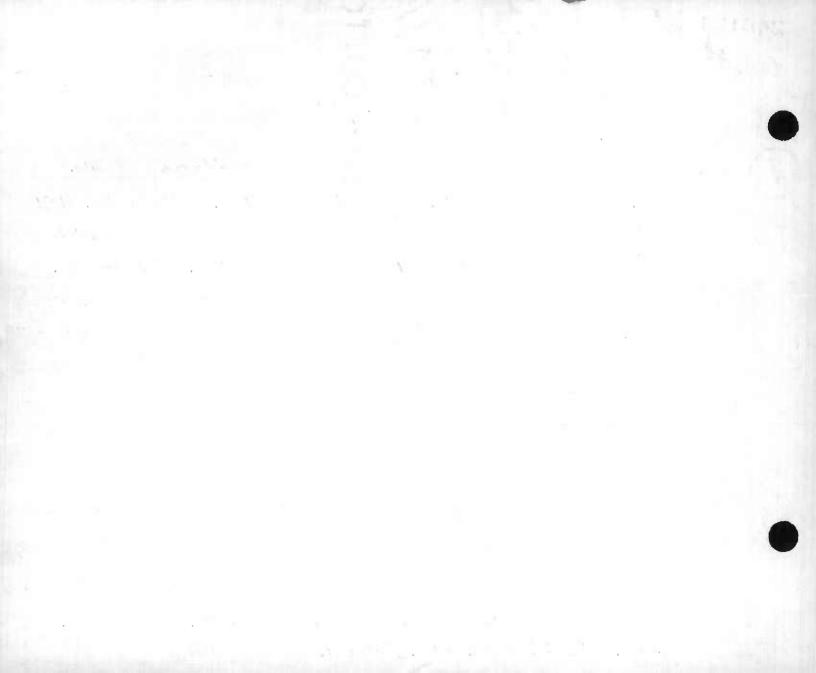
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006	1 -	FOR STATE REGISTRAR	DEPARTI	MENT OF F	E OF MARYLAND LEALTH AND MENTAL HYG CLATE OF DEATH	REG. NO		6
		CEASED NAME FIRST OR PRINT)	MIDDLE		AST	20 DATE OF DEATH		20. 110011
dep to		Ruth	E.	H	land	August 10	, 1985	10:00 A
10	3. SE	X .	4. RACE	S. DATE O		6. AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS
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N bc	В	TY OR TOWN OF DEATH altimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 3551 Benzinger	Road		120. USUAL OCCUPATION OF WORK FOR MOST OF Presser		nd of Business or TRY stle Compa
3		AL RESIDENCE (# NURSING HOME O STATE 136. COU ryland	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 130. CITY OR TOW Baltimor		YES Y NO	130.STREET ADDRESS / 3551 Benzi		21229
1		ilber	MIDDLE LAST		15. MOTHER'S MAIDEN NAME Rebecca	ME		Kelly
8 8 /	16a V	VAS DECEASED EVER IN U.S. AI		17 INFORMANT	ADDRESS			
£ /	(NO TES NO OR UNKNOWN) (IF YES, GI	215-03-6	451	Edward Hand	8445Main Ave	enue 21122	
hen please remove corn to burial, cremotion, or a njury, or other troumotic	Z	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQU (b) DUE TO, OR AS A CONSEQU (c) CONDITIONS CONTRIBUTING TO	ence of	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PAR	₹T Îra÷
s ony in	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIL IN CERTIFYING CAU	
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for use of Heo 121 is m		saw the deceased alive of	oital) attended the deceased from 19 oit) view the body after death.	75.0	nd that in (my) (aur) apinion	death occurred on the do		, that (I) (we) last the causes stated
Dept F ten		226. SIGNATURE	Mes	_ 2	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		12-95
T.								
10		David 1	ORPRINTI B- Museum 2 -	til	22e ADDRESS 5205 1/2	st Drive	Arbertus	tree
Store -		David /	23b. DATE 23c.		SEMETERY OR CREMATORY	5-7 Drive	Arbertus	LILLY FREE
should be determined by the Store	E	David 1	B. Mosen		SLUG Va EMETERY OR CREMATORY Ven Memorial P	CITY OR TOWN		Mary Sand

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE 246072 REGISTRAR 1. DECEASED NAME KNOWN X 7a DATE MONTH (TYPE OR PRINT) OF ESTI-8=25-85 DIRECTOR. OUR FILES. HANEY TFRRANCE 4 RACE 3 SEX IF UNDER 1 YR. IF UNDER 24 HRS 24 HOUR DATE LAST BIRTHDAY) PRONOUNCED Male Black 6/12/67 18 DEAD 12:19 8=25=8519 TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED # FOR ORFIGN COUNTRY) USA Baltimore City 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE) Sinai Hospital Baltimore SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13c. CITY OR TOWN 3800 Dorchester Rd. 21215 Md. Baltimore 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Geraldine Haney Richard Jones 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES Geraldine Haney 3800 Dorchester Rd. (15) T PERMIT. PAGI CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Gunshot wound of head DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? AL 20 AUTOPSY? DED TO THE E 3 SHOULD BE UT YES W NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 1.45 MMONTH DAY YEAR UNDERLYING subject shot during altercation MEDICAL CONTRIBUTING CAUSE OF DEAT 21e PLACE OF INJURY 3800 blk. Forest Park Ave. Baltimore, Md GATE WHILE NOT WHILE AT WORK AT WORK TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFIER DEATH, WITH THE SIX BALTIMORE, MARYLAND, 2 X 220 I certify that I took charge of the remains described above, held an Autapsy Inspection Hamicide X death resulted fram-Natural causes Undetermined manner TITLE (SPECIFY) 8-25-85 DATE Assistant MEDICAL EXAMINER SIGNATURE 111 Penn Street EXAMINER'S NAME Margarita A. Korell, M.D. TYPE OR PRINT 230 BURIAL, CREMATION REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Md STATE Baltimore Burial 8/28/85 Park Loudon 07/B4 BP 25M 24. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHAMH** - 17 his Davidson-Randall (VR A15 ME (5)) Chas.A. Rice 1300 Eutaw Place





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1.36.52	sex Ma	le	White	5. DATE OF BIRTH MONTH DAY 11 25	6. AGE (IN YE LAST BIRTHD	ARS IF UN	DER 1 YR. IF UNDER				MONTH 8/		EAR 24 HOLL
S 0 9	7a. BIR	THPLACE (S EIGN COUNTRY) Pgini	TATE OR	76 CITIZEN OF WH		1	ED NEVER MARRIE	ED 📙			COUNT	TY OF DEATH	
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14		UNDERLYING	AL CAUSE WAS OR NG CAUSE OF D	DEATH P.M.	MONTH DAY YEAR	21c. HC	W INJURY OCCURRED	D (ENTER NA	TURE OF INJURY II	NITEM 18 PA	RT 1 OR PA	(RT 2)	, and the second
	MEDICAL	WHILE AT WORK	NOT WHILE C	STREET FACTO	FINJURY (ATHOME, DRY, FARM, ETC.)		TATION		CITY OR TOWN		COI	PUNTY	STATE
7			fy that I taak charg ed fram: Notur	ol copses XX	ribed abave, held an Accident , Su		y . Inspection Homicide TITLE (SPECIFY) D. Assistar	Undetern	Inquiry I		DATE		2/85
	(SP	Buria	al 8	36. DATE 3-14-85	23t. NAME OF CEA	METERY OF	n Cemeter	P	len Bu	ırni		. A.	Mary
	24 FU	NERAL DIRECT	ly Funer	ral Home	237 E. P	atap	SS9 250 DATE R	6 1 3	1985			SIGNATURE	اعلا

STATE OF MARYLAND

superior with Commence of their and the standar Sugar part product he Remort and 200 CH RA ROUT LOZEZ P. Red Godan erol director, page 3 72 hours ofter death

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR

1 - STATE DEPARTMENT OF HEALTH A
CERTIFICATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIEND CERTIFICATE OF DEATH

2 2 2 5 3

1	REGISTRAR			CERTI	TRAIL OF DEATH	REG. NO	D.		
	CEASED NAME FIRST		MIDDLE		LAST	2a. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(TIPE	MAR	24		H	IARRIS		8	19 85	10.10 M
3. SE	х .	4. RACE			OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
Fe	emale	Black		8-	15-09 YEAR	76	YRS.	MUNITS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AA A PRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	Y OF DEATH	
	aryland	USA		WIDOW		Baltimore	, Cit	у	MC
	ITY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN HEACHLITY, GIVE STREET Lent Hospi	ADDRESS)	OR OTHER INSTITUTION	124. USUAL OCCUPATE (TYPE OF WORK FOR MOST O			OF BUSINESS OR
	AL RESIDENCE (IF NURSING HOME O STATE 136 COU		Balto.		136 INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	E. 2121	7
14. F/	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WIDDIE		A.J	.st
	WAS DECEASED EVER IN U.S. AI		166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS		USTOR
(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	214-18-6	5089	Evelyn Forne	y 1628 Balm	or St	t.	
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse ioi, stating the underlying couse lost PART 2 OTHER SIGNIFICANT	(b)		ENCE OF	T NOT RELATED TO THE TERM FAILURE DN WAS PERFORMED	INAL DISEASE OR CONI		VEN IN PART 11	
TIFIC						YES NO V	IN CERTI	FYING CAUSES	
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	27a.1 certify that (1) (this hosp sow the deceased alive or above, (1) (we) (did) (did no		13 19 19 5	35.	and that in (my) (our) opinion (death occurred on the do	ote and hou		that (I) (we) lost couses stated
	226 SIGNATURE	PK	umas		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN D	22c DATE	SIGNED
	KRISHNA	P. KI	UMAR		Provident	HOSP.			
	Burial, Cremation, Removal Buria ¹		23c h		CEMETERY OR CREMATORY on Cem	Landsdow	ns A	A A WINTMd	STATE
	UNERAL DIRECTOR Charles A. Rice	FSPA I3	00 Eutaw	P1,	25a. DATI	E-REC'D. BY REGISTRAR	100	TRAPSEIGNA	W. O. O. O.

DHMH - 16 50M 4/83 (VRA 15, 4)

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should be detached for use as the burnal-transit permit. Then please remove carbant with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem

246074 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	2	2	5	4
REG.	NO.			1
OF DEATH	MONTH	DAY	YEAR	2b. HO
ust 2	2. 19	985		

1 -	STATE REGISTRAR			DEPAKIN		ICATE O	F DEATH	SIER(E)	REG. NO	la En	3	1	
	CEASED NAME OR PRINT)	Roger		AIDDLE	Harri	AST S		Augu		, 1985	Y YEAR	26. HOUR	М
3. SE	<	4.	RACE		S. DATE C			6. AGE (IN YE	EARS LAST BIRTH		UNDER I YEAR	IF UNDER 24	HR5
	Male	0.0	Black	K	MONTH 1	5 DAY	12	73		YRS.	DATS	HOURS !	M IN.
	RTHPLACE (STATE OR	FOREIGN 76		WHAT COUNTRY?	8 MARRIE	□ NEVE	R MARRIED X	9 BALTIMO	RE CITY OF	COUNTYO	FDEATH		
	aryland		US	A	WIDOWE		DIVORCED	Balti	more	City			MD.
1	TY OR TOWN OF DE	ATH 11	. NAME OF H	HOSPITAL, NURSIN H FACILITY, GIVE STREET Grantley	IG HOME C	OR OTHER II	NSTITUTION	12a USUAL C		WORKING LIFE)	126 KIND (OF BUSINESS	5 OR
100	ltimore					iue							
	AL RESIDENCE (IF NUR STATE MD	13b COUNTY		Baltimor		13d INSIDI	E CITY LIMITS?	13e.STREET A	ADDRESS / Gran	ZIP CODE	ve. 2	21215	
14 FA	THER'S NAME FIRST	MIE	DDLE	LAST		15. MOTHE	ER'S MAIDEN NA FIRST	ME _	MIDDLE	·	Į.A.	ST	
(VAS DECEASED EVER VES, NO OR UNKNOWN) YES	(IF YES, GIVE W		166 SOCIAL SECU 218-07-		17. INFOR		len 2	920 (ley A	venu	e
NOI	Conditions, if ony gove rise to im couse (o), stoft underlying coust	mediate ng the e lost.	DUE TO, OI (c)	R AS A CONSEQUE	ENCE OF	NOT RELAT		Ca P			N IN PART I	0	
CERTIFICATION	19a DATE OF OPERA	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PER	RFORMED	20a AUTO	PSY?	206. IF YES, V IN CERTIFYII YES	WERE FINDI	NGS USED S OF DEATH	?
MEDICAL CER	PIG. ACCIDENT WAS UN OR CONTRIBUTING (# EITHER NOTIFY MED	CAUSE OF DEATH	Ρ.	M. MONTH DA	AY YEAR		INJURY OCCUR	RED (ENTER NA	TURE OF INJUR	Y IN ITEM IS PAR	T T OR PART 2)		
MED	21d. INJURY OCCUR	THILE	(AT HOME STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC]	21f. LOCA	REET		CITY OR TOV	٧N	COUNTY	STA	16
	22a. I certify that (I saw the deceo- obove, (I) (we) (22b. SIGNATURE)) (this hospital		19		DEGREE	ny) (our) opinion ATTENDING PHYSICIAN [MEDICAL	STAF	te and hour o	and from the	that (I) (we couses state SIGNED	
	BURIAL, CREMATION		23b. DATE 8/28	1.5			orcrematory	A Owi		Mills	COUNTY	ld.	TE

DHMH - 16 50M 4/83

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24 FUNERAL DIRECTOR Wm. C. March F/H 1101 E. North Ave. (VRA 15, 4)

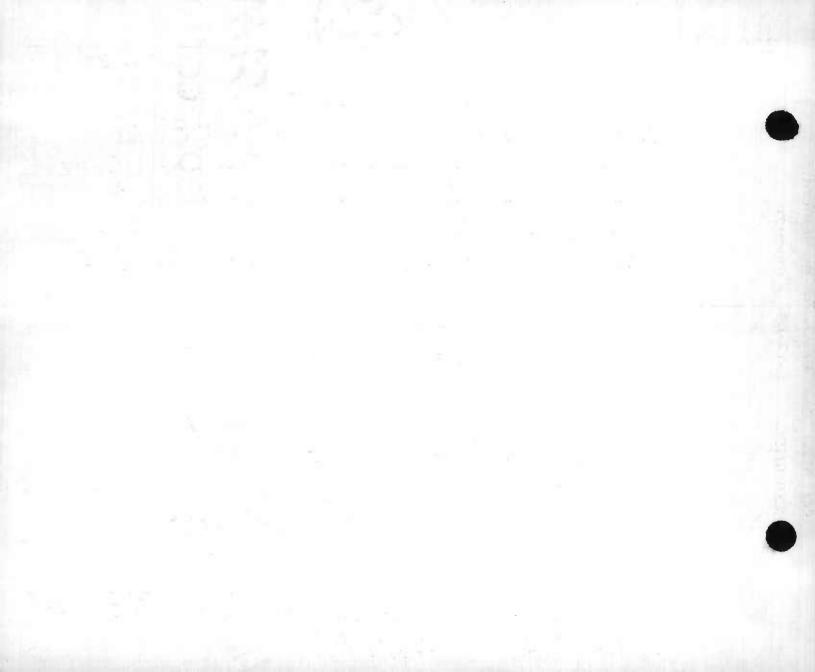
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	HERAL FOR YOUTHIN	H	avana	Cu	ba	WIDOW			more Cit	-V
	AY IS N THE FL	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HO	ME, OR OTH	ER INSTITUTION	120 USUAL OCCUPATIO	ON ETYPE OF WORK	126 KIND OF BUSINESS OR INDUSTRY
	ZHE ESS	B	altimore	Univers	ity Hospit	al - !	STU	retire C	H H	orse train
-	2 2 8 0 0 -	LISUA	I RESIDENCE LE MINIESING HOM	E OR OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADM	ISSION)				-21716
MD. 2120	第38		TATMd.	YTAI	13c CITY OR TOWN	•	YES NO .	2429 Sh	rley A	ve.
	PWS 1	14 F/	THER'S NAME FIRST	WIDDIE	LAST		15 MOTHER'S MAID	EN NAME MIDDLE	TIME	LAST
NO	A A SOLO		VAS DECEASED EVER IN U.S. A		166. SOCIAL SECU		17. INFORMANT	AC	DDRESS	
BALTIMORE	JRS AFTER 3. GIVE PA WITH FOR I. PAGES DIVISION	{Y		VE WAR OR DATES)	214-284	0867	Gladys	Harris 242	29 Shir	lev Ave.
-	MIT PA		18 CAUSE OF DEATH (Enter	only one couse per line	for (a) (b) and (c)					APPROXIMATE INTERVAL
ST.	J. w	/	DARY I OF A THI MALE CALL	SED BY: IATE CAUSE (a) M		niurie	9			BETWEEN ONSET AND DEATH
PRESTON ST	IN 24 HO IN ITEM I ? ALONG ISIT PERMI HYGIENE, MOVAL.		8/5/ IMMED		AS A CONSEQUENCE		3			
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7	Z AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		lying cause last		AS A CONSEQUENC	LE OF				147000000000000000000000000000000000000
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DIVISION OF VITAL RECORDS, 201	ULD BE EXECUTED WITHIN 24 II. "PENDING" IN PENCIL IN ITEL FE MEDICAL EXAMINER ALON ED AS A BURIAL - TRANSIT PER HEALTH AND MENTAL HYGE! AL, CREMATION, OR REMOVA	Z	PART 2 OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	RUI MUI RELATED IU INE I	ERMINAL DISEAS	E OR CONDITION GIVEN IN P	ART 1 (al.		
2	PER A MEN	CERTIFICATION	190 DATE OF OPERATION	19b. CONDIT	TION FOR WHICH OF	PERATION W	'AS PERFORMED?	THE PERSON NAMED IN		20 AUTOPSY?
¥	CERTIFICATE SHOULD RITING THE WORD "PR DED TO THE CHIEF A E 3 SHOULD BE USED. OF PRIOR TO BURIAL, OF PRIOR TO BURIAL,	1 🖺								YES NO X
× ×	W W W	1 8	210 EXTERNAL CAUSE WAS	216. TIME OF		21c. Hc	DW INJURY OCCURR	ED LENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PAI	
N	A PLANTING	CAL	UNDERLYING OR CONTRIBUTING CAUSE O		M 8-25 19	85 pa	ssenger on	bus which s	struck fi	ixed object
ISIO	PRICEPA PRICEPA	MEDIC	21d INJURY OCCURRED	21e PLACE C	OF INJURY (AT HOME	. 211. LO	CATION			
No.	A A A A A A A A A A A A A A A A A A A	E	WHILE AT WORK AT WORK	XX STREET, FACT	oad	Rt	. 70 & Jug	bridge, Fred	lerick co	o., Maryland
	L EXAMINER: 1 E CERTIFICATE, DUID BE FORW IL DIRECTOR: P H, WITH THE ST MARYLAND.		22a. I certify that I taak cho	orge of the remains des	cribed obove, held o	n Autop	sy , Inspectio	an XX. Inquiry	, and in my op	pinion
	AND THE STATE OF T	1.50	death resulted fram: No	tural couses	Accident XX,	Suicide	, Hamicide .	Undetermined monner		
	ERT ERT WILL BE WILL		1/0	1 NA	115	m	TITLE (SPECIFY)			
	AN THE		SIGNATURE WWW	wy	uer 11	MM) M	D Assistan	t MEDICAL EXAMINER	DATE SIGNE	8-28-85
	NE STATE	1		0.0	11					
	TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTIMORE, M	-	(TYPE OR PRINT) Der	nis F. Smy	th, M.D.		ADDRESS 111	Penn St., Ba	alto., Mo	d. 21201
	BAT PAT A	23 o. B	JRIAL, CREMATION, REMOVAL				R CREMATORY	23d. LOCATION CITY OF TOWN	COUP	NTY STATE
07/84	BP	'	Burlal	9- 2-85	King	Mem.	PK.	D	MD.	SIMIE
25M	DHMH - 17	24 F	JNERAL DIRECTOR	ADDRESS			250. DATE	REC'D. BY REGISTRAR 25		IGN ABROOM
	(VR A15 ME (5))	-	EROY O. DYET	T 4600 L	iberty H	ats A	Va AU	630 1985	D.100 P. 11 (100	B

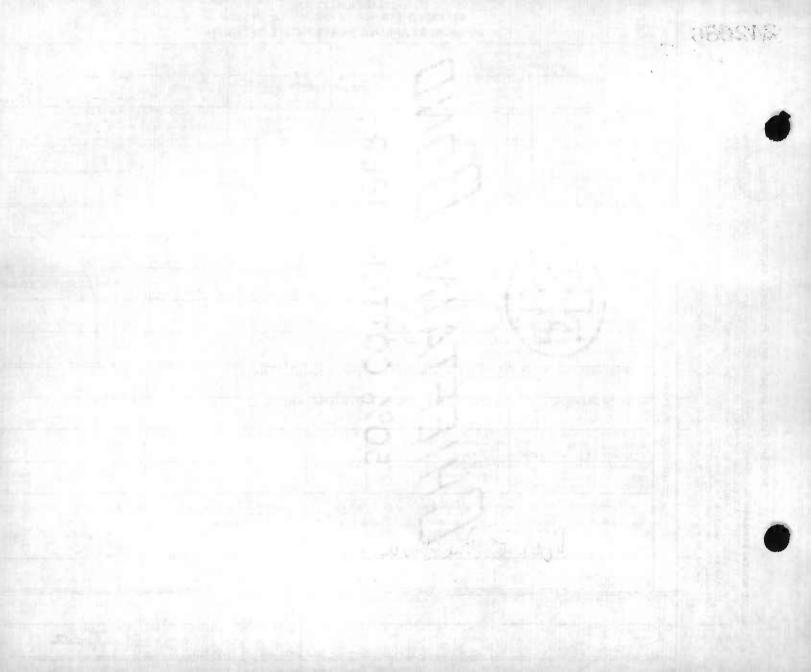
STATE OF MARYLAND

	4.						STATE OF M	ARYLAN	ND					
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	0011		REGISTRAR		ME		EXAMINER'S C		CATEO	FDEATH	REG. 1	NO.	,	
11			CEASED NAMI	FIRST		MIDDLE		LAST		2a. C	OF ESTI-	MONTH X	DAY YEAR	26 HOUR
7	対象は続け			Frede	rick	W.		cison		DI	EATH MATED	□ 8-2	5 19 85	, M
"	野野田支援	1. SEX		4 RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YEARS IF UN	DER 1 YR.	IF UNDER 2		DATE	MONTH	DAY YEAR	9:40
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	BESE /	M	arylar		U.S.	Α.	WIDOW		DIVORCE		Baltimo	re Cit	У,	MD.
	SHARE /	W. C1	TY OR TOWN	OF DEATH			JRSING HOME, OR OTHE	ER INSTITU	TION		OCCUPATION (1	YPE OF WORK	26 KIND OF BU	JSINESS
	AL WELL	В	altimo:	re			more General	l Hos	pital	TOK MOST	OI WORKING (IFE)		01(1) 10001	
5	T See T	U U A		(IF IN NURSING HOME	OR OTHER INSTITUTION, GI		E BEFORE ADMISSION) Y OR TOWN	124 INCIDE C	ITY LIMITS?	13e STREET	ADDRESS			
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9	Total Paris	14. FA	THER'S NAME		WIDDLE			15 MOTH	ER'S MAIDE	N NAME	WIDDLE		LAST	
12	32455CC		Winfie	eld	F.	Har	rison	M	ary		MIDDLE		CASI	
WO	PAGE /		VAS DECEASE	DEVER IN U.S. AL	RMED FORCES?	16b. SO	CIAL SECURITY NO.	17. INFORA	THAM		ADDRE	SS		
ALT	IRS AFTER 3 GIVE PA WITH FOS DIVISION		YES	(IF FES, GIV	E WAR OR DATES)	21	6-16-9536	Irm	a Har	risor	1 506 S	eagul	l Aver	nue
- 5	W W W				nly ane cause per line	far (a), (b	o), and (c).)						APPROXIMAT BETWEEN ONSE	E INTERVAL
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STO	SECRES S						NSEQUENCE OF				100		-	
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ON	SE COLEN	MEDICAL	CONTRIBUTI	NG CAUSE OF		-	19						59.54	- 1
VIS	RETINGENT OF STATE OF PRESENTED FOR THE DEPT.	AE I	21d. INJURY C	DCCURRED	21e PLACE (OF INJURY		CATION		CITY	Y OR TOWN	NOO	NTY	STATE
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	EXAMINER: CERTIFICATE ULD BE FORM DIRECTOR: I, WITH THE S MARYLAND,	-	death result	ed from Nati	ural causes X	cident	Suicide .	Hamir	cide .	_	ned manner],		
	ERT I			A VO	· W	1	Un VO	TITLE (S	PECIFY)					
	CAL EX. THE CER SHOULD SHOULD STAL DIR SATH, WILL SEE, MAR		SIGNATURE,	raciu	Ma X	nug	001111Wm	Assi	stant	MEDICAL	EXAMINER	DATE	8-28-	-85
	NOR A SET OF	1	EXAMINER'S	NAME -					111 5	0.	D 11 -	243	21201	
	TO MEDICAL ED EXECUTE THE CI PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, V BACTIMORE, MV		(TYPE OR PRI	VT)DE	nnis F. Sr			TO DITE OU			., Balto)., Md.	21201	L
	FUZTE	23a 81	TRIAL, CREMA	TION, REMOVAL	236 DATE 8/29/85	23¢	name of CEMETERY OF	CREMATO	ORY Cem	23d LOCAT	vnsvill	e count	Mc Mc	A)TE
07/84 25M	BP				0/25/05	1.	id. vecera							•
Z31V1	DHMH - 17		NAME NAME		U The ADDRESS	101	E North A	Mona	DATE R	CO A	ISTRAR 256 RE	SISTRAR'S SIC	GNATURE Mandal	a.
	(VR A15 ME (5))	W	III C M	il CH F/	n The. T	TOT	E NOLUI A	venu	- AUI	6291	985 Fred	I Tructedo		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HOGIENE FOR 1 - STATE CERTIFICATE OF DEATH REGISTRAR 239004 REG NO 20 DATE OF DEATH DECEASED NAME 2h HOUR (TYPE OR PRINT) 50 85 aurence 08 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 51 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE STATE OR FOREIGN MARRIED NEVER MARRIED Baltimore City DIVORCED X WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12h, KIND OF BUSINESS OR TEPL OF WORK FOR MOST OF WORKING LIFE Baltimore Francis Scott Key Hospita BAITIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
131 CITY OR TOWN 1136 CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 134. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES NO AR INKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), PART I. DEATH WAS CAUSED BY W+ 9 hRS IMMEDIATE CAUSE (g). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 140 RELEASED ON DIVISION OF VITAL RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON YES [NO [216. TIME OF INJURY 71a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Self-inflicted Burn. MEDICAL 08 1905 P.M. LIF FITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE Anna Arlindel country WOOD ana 22a.1 certify that (I) (this hospital) attended the deceased from... and 14 19 85 , and thokin (my) (our) and sow the deceased alive on_ date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death. 226 SIGNATURE 22c. DATE SIGNED aug 14, 1985 hould be detained the State D PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Francis Scot Ken 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 242086 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME FIRST MONTH DAY 2h HOUR KNOWN YEAR (TYPE OR PRINT) OF ESTI-S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS W. PRESTON STREET, DEATH MATED FREDERICK HATCHER, JR MOUR 3 SEX 4. RACE AGE (IN YEARS IF UNDER 24 HRS DATE DAY YEAR LAST BIRTHDAY PRONOUNCED 8-24-85.0 10:15/ 5 30 **Black** 20 Male DEAD YRS 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED FOREIGN COUNTRY! Baltimore City USA DIVORCED WIDOWED Va S. RETAIN PAGE S SHOULD BE FILED, RECORDS, 222 ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS "Luther and Hospital FOR MOST OF WORKING LIFE) Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13e STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13b. COUNTY Cranston Avenue 21229 Baltimore Md YES & NO [AND 2 SHO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME GES 1, MIDDLE LAST MIDDLE LAST Trent Hatcher Bertha NOWLU BE EXECUTED WITHIN 24 HOURS AFTER DE ROW PROGE. IN ITEM 18. GIVE PAGE. IN PROCIL IN ITEM 18. GIVE PAGE. IN THE AFFORM WITH FORM 1. SEE AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND PEHEALTH AND MENTAL HYGIENE, DIVISION OF RIAL, CREMATION, OR REMOVAL. Frederick 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 230-28-4555 Ophelia Hatcher 3807 Cranston Avenue Yes Army 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION USED / OF HE/ JRIAL, C 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? CATE, WRITED TO THE COMMARDED TO THE COMMARDED TO THE COMMARD TO THE STATE DEPARTMENT OF THE STATE DEP NOIX YES 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH UNDERLYING MEDICAL P.M. 19 21e PLACE OF INJURY (AT HOME 21 LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC 1 STREET CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: THE EXECUIT THE CERTIFICATE, V PAGE 4 SHOULD BE FORW. TO FUNRAL DIRECTOR: PAFTER DEATH, WITH THE STABLIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held on Autopsy Natural causes X death resulted fram Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNED 8-25-85 Assistant SIGNATURE Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 8/29/85 Garrison Forest Vet Owings Mills. Md. Burial 07/84 BP. 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR, 25b. REGISTRAR'S SIGNATURE **DHMH - 17** lia Savidson-Randelle 1101 e. North Ave (VR A15 ME (5)) William C. March F/H



(VRA 15, 4)

DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

)	1 -	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AN CERTIFICATE OF		IENE 2 2	. 6	
		CEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
1	1 SE)		May 4 RACE	Hearn 5. Date of Birth MONTH DAY	YEAR	AUGUST 1	1985 IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
E	Ja Bl	Female RTHPLACE ISTATE OR FOREIGN OUNTRY) Maryland	White Th CITIZEN OF WHAT COUNTY U.S.A.	RY? 8 MARRIED NEVE	1918 R MARRIED □ DIVORCED ☑	66 YR 9 BALTIMORE CITY OR COUR	NTY OF DEATH	, MD
1		Baltimore	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI Francis Sco	tt Key Hos	oital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN HOUSEKEEDDET	12b. KIND O INDUSTRY	Balto. Hospit
5	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUP Maryland	NTY 13c CITY OR TO	imore YES X	CITY LIMITS?	130. STREET ADDRESS 634 S Newk	irk St.	21224
5	II4 FA		MIDDLE LAST		R'S MAIDEN NA/	ME	LAS	
1		Paul VAS DECEASED EVER IN U.S., AR (15, NO OR UNKNOWN) (15 YES, GIVI	C Geo RMED FORCES? 166 SOCIAL SI E WAR OR DATES) 212 3	ECURITY NO. 17 INFOR		ADDRESS Martin 8909 T	Wils 21 amar Dr	045
	CERTIFICATION	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONTRIBUTING TO				GIVEN IN PART 1((NGS USED
7	MEDICAL CERTIF	21 g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR		YES NOTE NATURE OF INJURY IN ITEM	YES 🗌	NO 🗌
	MED	saw the deceased alive on	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI ital) attended the deceased fro It view the body after death.	m_169	_, 148	city or town	- 3	
	37.0	228 PHYSICIAN'S NAME (144 O	Dinlalk	Col 220 ADDR		DIRECTOR STAFF DIRECTOR PHYSICIAN	2 PS ban	12/98
	(5	urial, cremătion, removal Burial	23b. DATE 22 Aug. 13 '85	Poplar Gr	ove Cem		COUNTY timare	STATE Md.
		NERALDIRECTOR NAME illy & Zeile:	ADDRESS	21231 Fastern Av	1 01	E REC'D. BY REGISTRAR 25b. REG	GISTRAR'S SIGNAT	Mendado.

21231 Eastern Ave

& Zeiler, Inc. 1901

DHMH - 16 60M 7/73 (VR A 15 (4))

O FUNERAL DIRECTOR

IMPORTANT: If Item 21 is marked or Item 18 shaws any

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249062	1.	STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH		2 0 L
T. m.		CEASED NAME FIRST	MIDDLE	LAST LAST	REG. NO.	DAY YEAR 26 HOUR
nay be	3 SE	1 hom	A RACE	Mebron 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA)	IF UNDER I YEAR IF UNDER 24 HRS
ge 4 r	1	male	Black	MONTH DAY YEAR	68 YRS.	MONTHS DATS HOURS MIN.
ath road		RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BAITIMORE CITY OR COUNTY	
fer dec	11,5	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURS	WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
ors of	150	AL RESIDENCE IF NURSING HOMOR	MERCY OTHER INSTITUTION GIVE RESIDENCE BEFO	Hospital	DUS Driver (et) U.S. Gou't
n 24 ho	13a	Md. HOU	TIY I I I I I I OF TO	nbia YES NO	13. STREET ADDRESS / ZIP CODE 9272 CArte	roulle Rd)210.
ed with) F	ATHER'S NAME FIRST ALEXAND	der Hebri	15 MOTHER'S MAIDEN NA	ther MIDDLE Kell	y LAST
e execut	160	VAS DECEASED EVER IN U.S. AR YES, NO QUINKNOWN) (IF YES GIV	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 21346	-3872 Holda C. H	ebron(wife) =	ame AS# 13
ficate b obysicial papers. naval.		PART I. DEATH WAS CAUSE		ndic Fance F	ilune	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
th certi nding _F carban , or ren		IMMEDIA	DUE TO, OR AS A CONSEQU	JENCE OF	1/4/6	
by the atter by the atter is remotion ather traum		Canditians, if any, which gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE (5)	noma of the	Esophagus	Years
equires to signed. Then plear to burion nijury, ar	NO	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	VEN IN PART 11a
he law re an. has beer t permit tene prior	TIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
CIAN: T physici prificate al-fransi ad-fransi em 18 st	AL CERT	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18.	PART 1 OR PART 2}
G PHYSI attending er this co the burn and Me ked or th	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME STREET FACTORY OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
TENDINA ital proof of Afti			tol) attended the deceased from		to Aug 27, death accurred an the date and hou	19 85 that (I) (we) last
the hasp DIRECT tached for B Dept. o	13	abave, (1) (we) (did) (did na 22b. SIGNATURE	view the bady ofter death.	DEGREE ATTENDING	MEDICAL STAFF	221 DATE SIGNED
TO HOSPITAL (retained by the TO FUNERAL E should be deto with the State E MAPORTANT: #		224 PHYSICIAN'S NAME (14PE O	100 -1	PHYSICIAN [DIRECTOR PHYSICIAN	10/21/85
TO HOSI	23a I	URIAN CREMOVAL	Dalvis, VIII 1236	NAME OF CEMETERY OR CREMATORY	123d (OGATION)	4 /
BP	10	DURIAL	9-31-85 1	topkinslemeter	1 Highland	Howard Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	6	Storge R.S	nowden Room	N. WASh. ST	TO BY STATE OF THE	RAD'S SIGNATURAL E

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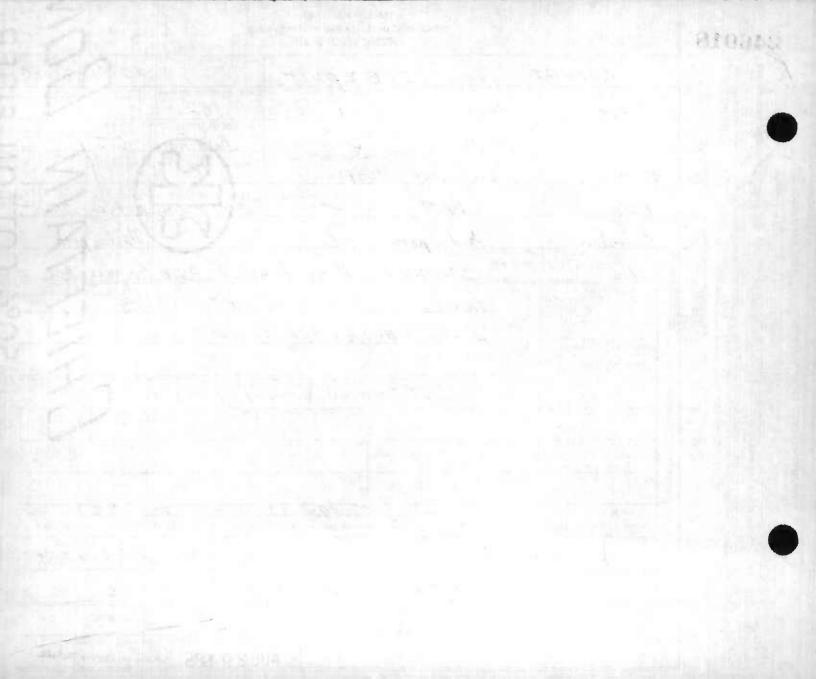
4300 Wabash Ave.

Julia Davidson-Randala

DHMH - 16 60M 7/84

(VRA 15, 4)

Wm C. March F/ H



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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233125	1	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 2	2 2	5 4 <u> </u>
m &		CEASED NAME FIRST		MIDDLE		A51	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
may be poge 3 ter death		Lennis		Hegg			8/11/8		M
	3. SE		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDE	DAIS HOURS MIN.
2000	_	Male	Black		1,	/12/09 YEAR	76	YRS	
March P.	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF USA	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED DO DIVORCED	Baltimore city of Baltimor	V	MD.
1 11 100	1	Baltimore	1203 I	Poplar Gr	ove (I	or other institution Home)	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C Retired	KIND OF BUSINESS OR DUSTRY	
(11) 33	USU 13a	AL RESIDENCE IN NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION	Baltimo	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 1203 Pop1	ZIP CODE ar Grove	21216
Composite Compos		Sidney		gie		15. MOTHER'S MAIDEN NAM	Fu Fu	ller	LAST
e execut n and co Poges 1	160	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR		
S. Poo		YES NO OR UNKNOWN) (IF YES, GIVI		242-24-0	0130	Sudie Heggi	Le 1203 Pop		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires that the death certifical signed by the attending physical burial, cremation, ar removinjury, or other traumotic event,	NOI	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT Conditions, if any, which gove rise to immediate couse (o), stoting the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, O (c)	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM			PART Ico
The low in	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		EFINDINGS USED CAUSES OF DEATH?
iysiClan: The ding physicia bis certificate burial-tronsit Mental Hygie or frem 18 sho		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	TH HOUR A.		AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR	PART 2)
DING PHY or ottendir After this e os the bu alth and M morked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME STI	OF INJURY REET FACTORY, OFFICE, F.	ARM, ETC)	216 LOCATION STREET	CITY OR TO	wn co	UNITY STATE
DR ATTEN hospital NIRECTOR thed far us rept. af He them 21 is		270. I certify that (1) (this hospit saw the deceased alive on, abave, (1) (we) (did) (did nat 27b. SIGNATURE	8/1	19		nd that in (my) (aur) apinion o		22	, mor (ii (we) losi
TO HOSPITAL Cretained by the TO FUNERAL D should be detact with the State D IMPORTANT; if		1	KOJE	those	l	ATTENDING PHYSICIAN E	MEDICAL STAL	illia	Reistentour
	23a.	BURIAL, CREMATION, REMOVAL (SECURAL)	23b. DATE 8/15/			EMETERY OR CREMATORY	23d. LOCATION	COUN	TY STATE
BP	24.0		0/10/	05 0	edar i	Hill Cem.	Brookly		Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 1	Chas.A.Rice F	SPA 13	300 Eutaw	Place	250DATE	REC'D. BY REGISTRAR		SIGNATURE CANALANA

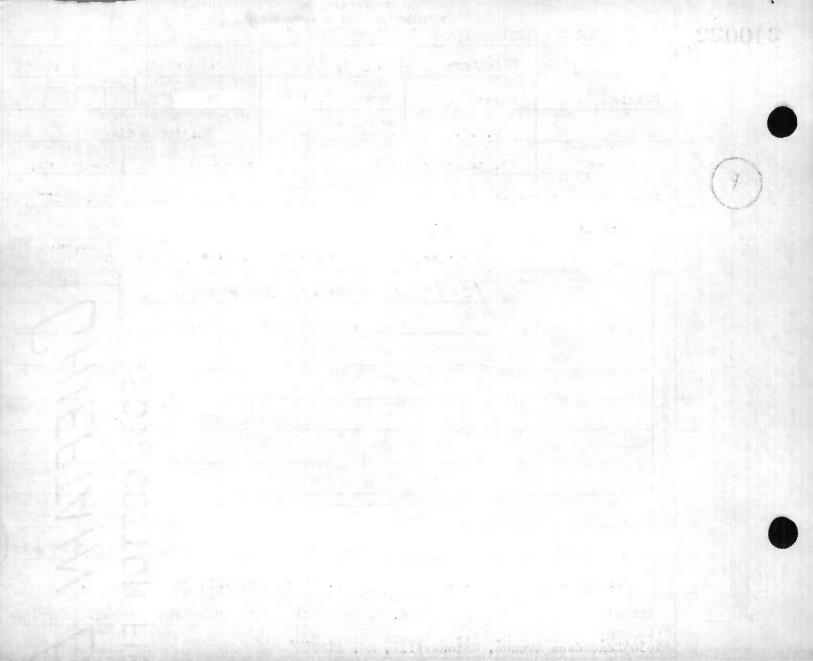
ACTRICAL STREET, MALE CO. L. T. L.

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が変わり		RTHPLACE (ST	ATE OR	76 CITIZEN OF W	HAT COUN	VTRY?	8. MARE	IED NE	VER MARR	IED 🗌	9. BALTIMO	RE CITY O	COUNT	TY OF DEATH	
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e oth	2	1	Maryland	U.	S.A.	WIDOW		Baltimore	City	MD.
TO ST	* 7)0. C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION	OF BUSINESS OR	
	76	1	Baltimore		Agnes Hos			(TYPE OF WORK FOR MOST OF WORKING Etcher	ome Co	
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BALTIMORE, MARYLAND 2120 cote be executed within a hour	1	esi.		ltimore	Baltim		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 5001 Westland	d Blvd.	21227
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STC	on, o		Conditions, if ony, which		DR AS A CONSEQU	ITH	VENTRICULAI	R RUPTURE		
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¥ 50	othe		underlying couse lost	DUE TO, C	DR AS A CONSEOU	JENCE OF				
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN: The low requires that the death certificate but been stand by the attending of	Then to b	NO		11 CONDITIONS	.01111107111010	DEATH OUT	NOT RELATED TO THE TERM	WAL DISEASE OR CONDITION O	TVEN IN PART I	10
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d EN	Hee		220.1 certify that (I) (this h				ad that in (my) (our) appian	, to death occurred on the date and ha		, that (I) (we) last
ATTA	1. of fo		sow the deceased alive above, (I) (we) (did) (did 22b SIGNATURE	not view the bod	y after death.			dediti occorred on the date and no		
S e S	T Te p		MA DO	911	0-	,	DEGREE ATTENDING	_ MEDICAL STAFF	22c. DATI	SIGNED
ITAL by th	Stote	-	Mubael	10	egen	/	NAS PHYSICIAN	DIRECTOR PHYSICIAN	18/	2485
OSPITAL ned by t	d be he S		226. PHYSICIAN'S NAME (T		V		22e. ADDRESS			
O H O			Michael E.		M.D.			ospital, Baltimo	ore, Md.	
- 2 -	. / 2		BURIAL, CREMATION, REMO				EMETERY OR CREMATORY	23d. LOCATION CUTY OR TOWN	COUNTY	STATE
BP			Burial	8/26/			Memorial Par		Carroll	Maryland
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(VRA	15, 4)	1	630 Edmondson	Avenue,	Catonsvi	lle, M	d. 21228 AL	16 2 3 1985 1	-Cavidan-	instiduction



253026	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENES 2 2	2 2 6 /
oy be ooge 3 deoth	1 DECEASED NAME FIRS	Bey DONAVAN	Hengel	20. DATE OF DEATH MONT	DAY YEAR 26 HOUR 8:47PM
ge 4 moy ector, poc	3. SEX	WACE W	S. DATE OF BIRTH U MONTH DAY YEAR 8 21 85	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
rs ofter death. Pa	70 BIRTHPLACE ISTATE ORFOREIG COUNTRY) M DOWN LAND 10 CITY OR TOWN OF DEATH BALTIMORE CITY	11. NAME OF HOSPITAL, NUM (IF NOT IN SUCH FACILITY, GIVE ST UNIVERSITY	RY? 8 MARRIED NEVER MARRIED X WIDOWED DNORCED D RISING HOME OR OTHER INSTITUTION REET ADDRESS) P M HO SP.	9 BALTIMORE CITY OR CO 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK NONE	Coty MD
y filled in solid be	MARYLAND ST	OUNTY 13c. CITY OR T	TON PARKYES X NO	13e.STREET ADDRESS / ZIP 18 FORREST I	RUN DRIVE 206
ompletel	FATHER'S NAME FIRST DONAVAN	J. HENG		MIDDLE	TEAL
ond cond cond cond cond cond cond cond c	160 WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) NO	S. ARMED FORCES? ES, GIVE WAR OR DATES) NONE		18°FORI ENGEL, LEXING	REST RUN DRIVE FON PARK, MD. 206
s that the death contrained ad by the attending please remove contrained rich, cremotion, or other troumatic event, to	Conditions, if ony, whis gove rise to immedia couse (a), stating the underlying couse to	DUE TO, OR AS A CONSE	otable Respirator OUENCE OF FETAL CIRCU OUENCE OF Streptococcus Se	y Failure LLATION ptic Shock.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
SICIAN: The low require ng physicion. certificate has been sign miol-transit permit. Then entol Hygiene prior to but tem 18 shafks any injury.	19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYIN	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED 21c. HOW INJURY OCCUI		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
ING PHYS r ottendin Mer this os the bur Ith and Me	OR CONTRIBUTING CAUSE (IF EITHER NOTEY MEDICALEX. WHILE NOTWHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	CE, FARM, ETC.) 231 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ECTOR. A feel of the of	sow the deceosed ob	hospital) attended the deceosed Iro ve on 11 did not) view the body ofter death.	9 85 C and that in (my) (our) opinion	deoth occurred on the date or	nd hour and from the causes stated
TO HOSPITAL OR retorned by the harmonic by the harmonic broadly be detached with the Stote Department. If he begins harmonic if he harmonic begins be	Shitor &	Breentern R. DIELANTO	• 27e ADDRESS	DIRECTOR PHYSICIAN	AL, BALTIMORE, MD.
BP	230 BURIAL, CREMATION, REMO		36 NAME OF CEMETERY OR CREMATORY ST. CHARLES	CASS LAKE,	CASS, MINNESOTA

EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

DHMH - 16 60M 7/84 (VRA 15, 4)

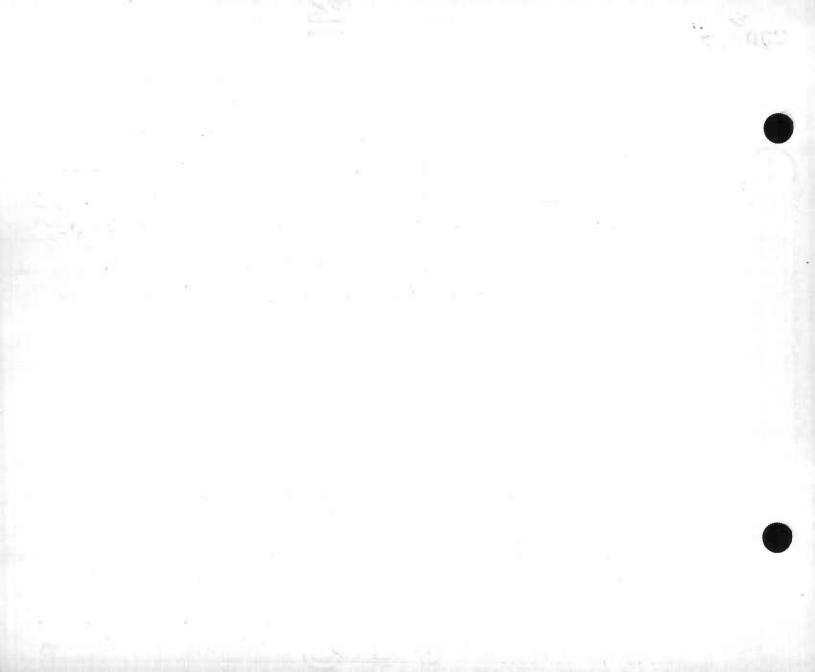
24 FUNERAL DIRECTOR

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120	ANA	1300	TATE 131	. COUNTY	Dalling	13d. INSIDE CITY LIM	/ / / /	DDRESMano	12/2	AD
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Ę	AFTER INE PA H FOR AGES, ISION	I V	ES, NO, OR UNKNOWN) (IF	YES GIVE WAR OR I	an 819-16-7	112 Thek	ma V H	enus - 460	4 Maria	Jank
100	HOURS AL M 18. GIV NG WITH RMIT. PAG ENE, DIVIS		18 CAUSE OF DEATH (Enter only one	couse per line for (a), (b), and (c).)	70(1770	7,71	7	APPROXIM/	ATE INTERVAL
N ST	HOUR NG W RAIT.	10	PART I DEATH WAS	CALISED BY.	SE (o) Arteriosclerot	ic cardiova	scular di	sease	BETWEEN ONS	SET AND DEATH
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8	AL H REM	100	Conditions, if ony gove rise to im	, which	(b)					
3	OR TRUE	U	couse (a) stating the		DUE TO, OR AS A CONSEQUENCE OF					
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O	ERTIFIC ING TH ISHOU PRIOR	ICA	CONTRIBUTING CAL		P.M. 19					
N/S	CER DED DED	MEDICAL	21d. INJURY OCCURRED WHILE IN NOT WE	HILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	211 LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
۵	: THIS CERTIFICATE SHE E. WRITING THE WOR RWARDED TO THE CH SPACE 3 SHOULD BE U. PACE 3 SHOULD BE U. 1, 21201 PRIOR TO BUR		WHILE NOT WE AT WORK	K L						
	JATE, WATE, WATE, WATE, WATE, WATE, WATE, WATE, PACK, PACK, PACK, ND, 213,	1	220 I certify that I to	ok charge of the	e remains described above, held an	Autopsy . Insp	pection X Inc	quiry , ond in m	ny opinion	
	WINDER BETTER		death resulted from:	Notural caus	es X, Accident , Suic	ide . Homicide [Undetermin	ed monner .		
	CERTINO BENERAL WARY		ACTUAL A	00	~	TITLE (SPECIF				
	SHE SHE		SIGNATURE_	M	NO	M.D. Assist	ant MEDICALI	EXAMINER SK	ATE 8-18-	- 85
	WOED WEED		EXAMINER'S NAME	Ann M	Dixon, M.D.	11	1 Penn St	., Balto.,	MD 2120	1
	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNKAL DIRECTOR; PAGATRE DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120	11	(TYPE OR PRINT)			ADDRESS			110 2120.	
		A	CREMATION, REM		22-85 Jarris	ETERY OR CREMATORY	23d. LOCATI	on ma 11	COUNTY / 1	STATE 0
07/84 25M		24.5	INERADDMECTOR	10-0	72-00 Juanus	1250 0	DATE REC'D. BY REGI	STRAR 256 REGISTRAF	COLLO: VI	no
	DHMH - 17 (VR A15 ME (5))	4	rue 10 B	00.	ADDRESS	4:00 and 1	IIC 1 a	I A A	13 SIGNATURE	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

OR TATE EGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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CERTIFICATE OF DEATH REG. NO

4	(TYPE OR PRINT)	Cather		ladeline	Цот	vell	26 DATE OF DEATH	8 - 160	0-	605
	3. SEX Femal		4. RACE White		5. DATE C		6. AGE (IN YEARS LAST BIR	RTHDAY) IF	UNDER I YEAR IF	UNDER 24 HRS OURS MIN.
5	70 BIRTHPLACE (COUNTRY) Maryl 10 CITY OR TOWN Balti	and OF DEATH	76 CITIZEN OF V	WHAT COUNTRY?	MARRIEI WIDOWE G HOME C	D NEVER MARRIED DO DIVORCED DO OTHER INSTITUTION	9 BALTIMORE CITY S Baltimo	ore Cit		MD.
5		(IF NURSING HOME C	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE 130. CITY OR TOWN Baltimo	ADMISSION)	Hospital 13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS 3546 Poo		21211	
)	14 FATHER'S NAM FIRST August	Rider	WIDDIE	LAST			nn Simms		LAST	
	YES, NO OR UNKN		RMED FORCES?	218-22-4		Regina Bric	ker Sai			
	gove rise couse (o), underlying	if ony, which to immediate stating the cause lost.	(b) DUE TO, OI	R AS A CONSEQUE	nce of	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	NDITION GIVEN	N IN PART 140	
7	190 DATE OF	OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDINGS NG CAUSES OF	
7	OR CONTRIBUT	NOT WHILE AT WORK	HOUR A P 21e PLACE ((AT HOME STR	M. MONTH DA M. JURY OF INJURY EET, FACTORY, OFFICE FA	ARM, ETC)	21r. HOW INJURY OCCUR	CITY OR TO	OWN	COUNTY	STATE
	saw the obove, (22b. SIGNAT	from	n 8) (6. ot) view the body Secus	19_		nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN		.FF		
	- 100	r. Scot				27e ADDRESS Union I	Memorial H	losp i ta	al	
	230. BURIAL, CREM	ATION, REMOVA	Aug. 1			EMETERY OR CREMATORY on Park	23d LOCATION Baltimor	e City.	°Mary1a	ind STATE

24 FUNERAL DIRECTOR

Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

TO FUNERAL DIRECTOR: After this certificate has been IMPORTANT: If Item 21 is BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

REGISTRAR HELEN M. HEYMANN

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH

	CE ASED NAME	EIRST	A	IDDLE	- (AST		2a. DATE	OF DEATH	MONTH	DAY	YEAR	2b HOL	JR 5
(TYP)	ORPRINT)	len	7	M He	vmanı	1		1		8	13	85	(8;0	05p
3. SE			RACE		5. DATE C	F BIRTH		6 AGE	IN YEARS LAST B	IRTHDAY)	IF UNDER	RIYEAR	IF UNDER	CZ4 HRS
_1	emale	9	Whit	e	MONTH	12 12	18	67		YRS.	MONTHS.	DAYS	HOURS	MIN.
	RTHPLACE (STATE OR FO	DREIGN 7b		WHAT COUNTRY?	8.	D NEVER	AAPPIED []	9 BALTI	MORE CITY	OR COUN	TY OF DE	ATH		
ì	laryland		U.S	.A.	WIDOWE		VORCED [Baltim	ore C	ity	- 7		WE
J	altimore		St.Agn	OSPITAL, NURSING HEACILITY, GIVE STREET A ES HOSPIT	a I	OR OTHER INS	NOITUTION		AL OCCUPA NORK FOR MOST SEWITE		LIFE) 12b.	KIND OF	ome	ESSOR
.1 In.	AL RESIDENCE (IF NURSE STATE Maryland	Balti		GIVE RESIDENCE BEFORE 13c CITY OR TOW! Catonsvi	٧	13d. INSIDE C	ITY LIMITS?	13e.STRE	et Address 03 Bee	zip co chwoo	d Av	enue	21	L 22 8
14 F/	Joseph	MIDI	DLE	McCour	t		therin		WIDDLE			Hart		
	VAS DECEASED EVER II			166 SOCIAL SECU	RITY NO.	17 INFORMA	NT	76		adon1				
	YES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	212-07-4	609	Marge	ry Hey	mann	Timo	nium,	Md.	210	93	
ION	Canditions, if any, gave rise to imm. cause (o) stating underlying cause	ediate g the s last.	DUE TO, OF (b) DUE TO, OF	AS A CONSEQUE	MGE OF	NOT RELATED	TO THE TERM	an u	EASE OR CO	NDITION (I NI NANE	3 L	J.	
CERTIFICATION	9a DATE OF OPERAT	ION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFC	RMED	20a A YES [UTOPSY?	IN CER	TIFYING C			TH?
MEDICAL CER	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	AUSE OF DEATH	P./	M. MONTH DA	Y YEAR		JURY OCCUR	RRED (ENTE	r nature of in	JURY IN ITEM 11	PARTION	PART 2)		
MED	21d. INJURY OCCURR	IE 🗍	21e. PLACE (OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET			CITY OR	OWN	COL	UNTY		STATE
	22a.1 certify that (I) (saw the decease above, (I) (we) (di	d alive an	8/15	10 0			ATTENDING	MEDIC	AL ST.	AFF ~				
	22d PHYSICIAN'S NA	ME (TYPE OR PR	IINTI			122e ADDRES	PHYSICIAN [☐ DIRECT	OR PHYS	ICIANIZA		1	1-1	0 0
	T) 7/6 -1						Agnes 1	Hospi	tal, B	altim	ore,	Md.		

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial 8/16/85

23b. DATE

Dr. Michele Gordon

23a BURIAL, CREMATION, REMOVAL

231. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery

Baltimore

MdiATE

24 FUNERAL DIRECTOR & Russell C. Witzke Funeral Homes P. 450. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1630 Edmondson Avenue, Catonsville, Md. 21228

- f 1 -

225058		cem #5 film #c FOR STATE REGISTRAR	g606 - 8/1		MENT OF	E OF MARYLAND LEALTH AND MENTAL ICATE OF DEATH	HYGIEND	2 REG. N	2 2	7	6
NO.		CEASED NAME FIRST		MIDDLE		AST	2a. DA	TE OF DEATH	MONTH DA	Y YEAR	26 HOUR
oge 3	LITTE	Ha	rry Ro	bertson	Hic	ekman			8 7	85	5/04
Te do	3. SE		4 RACE		S. DATE			(IN YEARS LAST BI	RIHDAY) IF	UNDER 1 YE AR	IF UNDER 14 HRS
rs of	N	1ALE	TIHW	E	JAN.	1, 190	2_ 83	3	1 MO	NIHS DAYS	HOURS MIN.
Pro de		RTHPLACE (STATE OF FOREIGN	7b. CITIZEN	OF WHAT COUNTRY	2 8.	D X NEVER MARRIED	9 BALT	IMORE CITY		FDEATH	
of Care		RGINIA	U.S.	Α.	WIDOW			LTIMORE	CITY		MD.
à 11 ½//	10. CI	TY OR TOWN OF DEATH	11. NAME	OF HOSPITAL, NURSI	NG HOME (OR OTHER INSTITUTION	12a US	UAL OCCUPAT	ION	12b. KIND C	F BUSINESS OR
50 20 20 20		LTIMORE	ST. A	GNES HOSPI	TAL			UFFER	or trokkinto tire;		OMPANY
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or otherding physician and terminal the many control provision. We certificate has been signed by the ottending physician and terminal the many os the buriot-transit permit. Then please remove corbon papers. Paper and charille in the and Mennal Hygiene prior to buriot, cremotion, or removal. Or set a stow-cary injury, or other troumottic event, the medical example in the paper.	13a S	AL RESIDENCE (IF NURSING HONTATE 13) C	AE OR OTHER INSTITU OUNTY	TION GIVE RESIDENCE SEFO		13d INSIDE CITY LIMIT	rs? 13e.STR	EET ADDRESS	/ ZIP CODE		
ANE			TIMORE	CATONSVI	LLE	YES NOXX	600	0 Sherr		d 21	228
MRYI WITH	17	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDER	NAME	WIDDLE		LAS	т
W. Per		IARLES		HICKMA		CLARA				KE	LLY
ORE CONTRACTOR	0		. ARMED FORCE S, GIVE WAR OR DATE	(S)		17 INFORMANT		ADDR			
pe pe pe	I	10				NINA L. HI	CKMAN	6000 SH	ERRILL		
, BA icote cool ovol.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only one couse USED BY:	per line for (o), (b), o	nd ice		4			BETWEEN	MATE INTERVAL ONSET AND DEATH
t ST.		IMME	DIATE CAUSE 10)	000	ac /	Vres 1			21	ours
oth on, or, or moti	3	Constitution of the Constitution		O, OR AS A CONSEQU	ENGE OF	, solonat	11 1	[1 - n	00-11	10	VIDEAA
PRES e ott movinotio		Conditions, if ony, which gove rise to immediate)	Alne	10-20001	100	CICATOL	DUSCUL	1	years
W. I of the series of the creek		couse (a), stating the underlying couse lost), OR AS A CONSEQU	JENCE OF		Wi.	Seval	4		
201 ned I pleo uriol		PART 2. OTHER SIGNIFICA	NI CONDITION	S CONTRIBUTING TO	DE ATH BUT	NOT RELATED TO THE	TERMINIAL DIS	EASE OR CON	IDITION CIVEN	LINI DADT 1	
RDS,	NO N			9	DETAIL DO	NOT WELL TO THE	TERMINAL DI	JEASE ON CON	DITION GIVE	A HALAKI II	0
Dee bee	CERTIFICATION	19a, DATE OF OPERATION	19b. CO	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a .	AUTOPSY?	20b. IF YES,	WERE FINDI	NGS USED
AL R	TIF						YES	0 NO	YES		OF DEATH?
VII. TI hysicie fronsid Hygin 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O		AE OF INJURY	AY YEAR	21c. HOW INJURY OC	CURRED (EN	ER NATURE OF INJU	JRY IN ITEM 18 PAR	T I OR PART 2)	
ON OF HYSICIA ding ph is certifi burnol-n Mentol or frem	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM	DEATH	P.M.	19						
VISION ond Me ved or the bury ond Me	MEDI	21d. INJURY OCCURRED		CE OF INJURY	FARM, ETC }	21f LOCATION STREET		CITY OR TO	OWN	COUNTY	STATE
DIVIS or other After the e os the morked		AT WORK NOT WHILE AT WORK				1	21,				
TEND or use or use of Heol		22a.1 certify that (1) (this h	4	the deceosed from.	85	Canacay 19 C) / to_	Trus	, 19		that (I) (we) lost
OR ATTI OR ATTI DIRECTO oched fo Dept. of them 21		sow the deceased alive above, (1) (we) (did) (di-	not) view the b	ody ofter death.		nd that in (my/(our) opi	inion deoth occ	curred on the d	ote and hour o		
H H		226. SIGNATURE	Drun J	- 01	m	DEGREE ATTENDIN	NG MEDIC	CAL STA	FF .	22c. DATE	SIGNED
HOSPITAL ned by th FUNERAL JID be determine State ORTANT:		224. PHYSICIAN'S NAME IT	PP OR PRUTY	Coll	, //-	22e ADDRESS	N DIREC	TOR PHYSIC	LIAN		11 1173
7 2 2 2 4		()	Deffre	y F. Col	my	134551	vilt	ens	Auc	Be	elt mil
Sport	23a. B	URIAL, CREMATION, REMO	AL 23b. DATE	23c	NAME OF C	EMETERY OR CREMATO	ORY 23d L	OCATION	1 15		
BP	(BURIAL	AUG.	10 1985 NE	W CATE	EDRAL CEME	TERY BA	LTIMORI		MZ	ARYLAND
DHMH - 16 60M 7/B4		NERAL DIRECTOR		ADDRESS		21229	DAME REC'D.	BY REGISTRAR		R'S SIGNAT	URE
(VRA 15, 4)	HU	BBARD FUNERAL	HOME, I	NC. 4107 W	ILKENS	S AVENUE	חטט פ	- 1985	in the	Javidana	70.

flatered!

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. . . .

2	42	054	1	
	aw requires that the death certificate be executed within 24 hours after death, rage 4 may be	s been signed by the ottending physician and contained in by the funeral director page 3 Operation. Then please remove corbon papers. Pages 1,73 anon, be filed within 72 hours ofter death opinion to be prior to burial, cremation, or removol.	any injury, or ather troumatic event, the medical remarks and the mouthed at ange.	3500
	recuted w	d certain	dicol	1
	cate be ex	nysician or lapers. Pog avol.	nt, the med	/
	ooth certifi	tending ph e corbone on, ar remo	amotic eve	
	of the de	y the of se remov cremotiv	other tro	
	requires the	i been signed by the ottending physic rmit. Then pleose remove corbon pape prior ta burial, cremation, ar remavol	injury, or c	
	3	be be	any	-

FOR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 2

1.0	REGISTRAR				REG. N	0.		
	DECEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR	
1	ALBERT	S.		HILL	AUGUST 23	, 1985	6:55 A	
3. S	SEX	4. RACE	5. DATE O		6 AGE (IN YEARS LAST BIR			
N	MATE	WHITE	Mar		76	WONIH? DA	S HOURS MIN	
-	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	Y? 8			R COUNTY OF DEATH		
2	ARYLAND	U.S.A.	MARRIE	D NEVER MARRIED	BALTIMORE	_		
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	WIDOWE		120 USUAL OCCUPATI		A OF BUILDINGS O	
100	ALTIMORE 2615 WILKENS AV			21223	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cabinet maker Balto. city			
- USI	DUAL RESIDENCE (IF NURSING HOME O			13d, INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP CODE		
	arvland	Baltim		YESXX NO	2615 Wilker		21223	
	FATHER'S NAME			15. MOTHER'S MAIDEN NA	ME			
1 7	Arthur	MIDDLE Hill		Emma	WIDDLE	Stones	ifer	
	WAS DECEASED EVER IN U.S. AF		CURITY NO.	17 INFORMANT	ADDRE		II.CI	
/	(YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 215-0!			Theodore Bielas 1418 Berry Street 21211				
1	10 213-03-3371 Mexicle Bields 1410 Berry State						OXIMATE INTERVAL EN ONSET AND DEATH	
	PARTI DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) AND MAT MODE MODE							
	DUE TO, OR AS A CONSEQUENCE OF							
No.	Conditions, if any, which (1b) (1b)							
	cause (a), stating the DUETO, OR AS A CONSEQUENCE OF							
	underlying couse lost.	(6)				0.00		
14	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I						lta	
_ o		Metros tata	(vln a.				
CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH C			N WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE PINDINGS USED			
4					YES NO YES NO NO			
W.	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	-	216 HOW INJURY OCCUR				
7 28	OR CONTRIBUTION CAUSE OF DE							
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	19	21f LOCATION				
WE	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE	E FARM, ETC)	STREET	CITY OR TO	WN COUNTY	STATE	
	AT WORK AT WORK	1.10						
	22a certify that (I) (this hospital) attended the deceased from							
	saw the deceased and the same view the body after death.							
	276. SIGNATURE DEGREE 276. DASE SIGNED							
	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN						. 15.	
		7-0	22d PHYSICIAN'S NAME (TYPE ON PRINTED) 22e. ADDRESS					
	224 PHYSICIAN'S NAME (TYPE	OR PR			DIRECTOR PHYSIC	IAN O	2318	
		1.00	A pr	22e. ADDRESS	31411414	IAN 6/	2718)	
	Dr. Ralph E. U	Jpdike /R. By	shrim	22e. Address St. Agnes H	ospital	IAN	2018)	
730		Jpdike R. R. R. P.	. NAME OF C	St. Agnes H	ospital 23d LOCATION CITY OR TOWN	COUNTY	STATE -	
В	Dr. Ralph E. U BURIAL CREMATION, REMOVAL (SPECIFY) URIAL	Jpdike R. R. R. P.	. NAME OF C	St. Agnes H EMETERY OF CREMATORY ew Mem. Park	ospital 23d LOCATION CHYORTOWN Sykesvill	e Carroll		
23a BI 24	Dr. Ralph E. U BURIAL, CREMATION, REMOVAL (SPECIFY)	Updike R. Bw 123b DATE 23c 8/26/85 I	ake Vi	St. Agnes H EMETERY OF CREMATORY ew Mem. Park 21229 250. DAT	ospital 23d LOCATION CITY OR TOWN	e Carroll		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO HOSPITAL Of ATTENDING PHYSICIAN The retained by the hospital or attending physicion.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTALLHYGIENE CERTIFICATE OF DEATH

2221

	1-	FOR STATE REGISTRAR			DEP	ARTMENT OF I	HEALTH AND		INE 2	2 2 NO.	1	5
		CEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DEATH		DAY YEAR	26 HOUR
	3 SE	X	ANNA	RACE	Н.		I.TNER	-	AUGUST 1	3'158F	NOER I YEA	9.10pm
		male		White		MONT 6		1905	80	YRS.	MONTHS! DAY	5 HOURS MIN.
5	(RTHPLACE (STATE OR I	FOREIGN 71	CITIZEN OF	WHAT COUN	TRY? 8.	D NEVER	MARRIED -	9 BALTIMORE CITY		OF DEATH	
9.0	- 45	ryland	ATH I	U.S.A.	HOSPITAL N	WIDOW URSING HOME		VORCED [Baltimo			MD.
1	Ba	ltimore	1	Church	Heacility, Give	street ADDRESS)	OR OTHER INS	ITIOTION	(TYPE OF WORK FOR MOS Sales La	T OF WORKING LIF	E) INDUSTR	of BUSINESS OR RY t. Store
	130. S Ma	AL RESIDENCE (# NURS STATE Lryland	COUNT Balti	Υ	130 CITY OR Dunda	TOWN	138. INSIDE C	ITY LIMITS?	13e STREET ADDRES 2900 Duni			21222
0	/	ederick	MI	DDLE M	eisenh	alder	15. MOTHER'S	S MAIDEN NAM	Not Kn	own		IAST
2	10	VAS DECEASED EVER		ED FORCES?		SECURITY NO.	17 INFORMA	NT	ADI	RESS 826	Mildre	ed Avenue
-	No	18 CAUSE OF DEATH PART I. DEATH W				4-4867	Charl	es Hilt	ner	Balt	o., MI	21222
-	VTION	Conditions, if any, gove rise to imm couse (a), stolin underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAL	nediote g the lost. NIFICANT CC	DUE TO, OI	ARTE	G TO DEATH BUT	EROTIC NOT RELATED	CARDI TO THE TERM	EOVASCUL, Inal disease or co	NDITION GIV		
4	CERTIFICATION	IN DATE OF OPERAL	IION	148 CONDI	TION FOR W	HICH OPERATIO	IN WAS PERFO	RMED	20a AUTOPSY?	IN CERTIF		DINGS USED ES OF DEATH? NO [
1		210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTION CONTRIBUTION	AUSE OF DEATH	21b. TIME O HOUR A./	M. MONTH	DAY YEAR	21t. HOW IN	JURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18 P	ART I OR PART 2)	
	MEDICAL	21d INJURY OCCURE WHILE AT WORK NOT WH AT WORK	RK		EET, FACTORY, O	FFICE, FARM ETC)	21f. LOCATIO		C-ITY OR	TOWN	COUNTY	STATE
		220.1 certify that (1) sow the decease obove, (1) (we kee	(th X Kspitol ed alive on (did got)	new the body	deceosed for the death.	1985	DEGREE		to AUGUS 1	dote and hour	ond from th	that (I) (Wirlast the couses stated
1		22d PHYSICIAN'S NA		RINT) O M.D.				PHYSICIAN _		CIAN	18/	113/85.
-	23a B	URIAL, CREMATION,		23b. DATE	•	23c NAME OF C		NORTH	BROADWAY		31	
	Bu	rial		8/16/			awn Ceme		23d LOCATION CITY OR TOWN Baltimo	ore	COUNTY	Maryland
		NERAL DIRECTOR D			ADDR	Maryland	1 2122		REC'D. BY REGISTRA	R 256. REGIST		URE

DHMH - 16 60M 7/84 (VRA 15, 4)

Hem 18 share

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BY GIENE CERTIFICATE OF DEATH

22271

	REGISTRAR						REG. N	Ο.		
	CEASED NAME FIRST		MIDDLE	ı	AST		20. DATE OF DEATH	HTMOM	DAY YEAR	2b. HOUR
	Jacob			Hipp			Augus	t 7,	1985	3.4
3. SE	X	4. RACE		5. DATE C			6. AGE (IN YEARS LAST BI	THDAY)	IF UNDER I YEAR	IF UNDER 24 HR
	Male	R1	ack	MONTH	5	03	32	YRS.	MONTHS DATS	HOURS MI
	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8			9. BALTIMORE CITY O		Y OF DEATH	
(S. C.	US	: A	WIDOWE	NEVER A	ORCED	Baltimo		City.	,
10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN				120. USUAL OCCUPAT			F BUSINESS C
	n 1. 1		H FACILITY, GIVE STREET				TYPE OF WORK FOR MOST	OF WORKING	IMDUSTRY	
	Baltimore AL RESIDENCE (IF NURSING HOME OF	2210			et				1	
13a. S	STATE 136 COUR		130-CITY OR TOW	N	134 INSIDE C	ITY LIMITS?	13. STREET ADDRESS	/ ZIP COL	DE CL	et ²¹²
_	aryland		Baltim	ore	YES	NO 🗌	1017 Car	Oll	e Stre	et
14. FA	ATHER'S NAME FIRST	MIDDLE	LAST			MAIDEN NAM	MIDDLE		LAS	51_
	Belt		Hipp		Mary				Car	lton
	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMA	NT	ADDR	ESS		
	YES, NO OR UNKNOWN) [IF YES, GP	VE WAR OR DATES!	401-10-	8771	Rufus	Hipp	1213 Fed	eral		
	18 CAUSE OF DEATH Enter or	nly ane cause per	line for (a), (b), an	d (c i.i					BETWEEN	IMATÉ INTERVAL ONSET AND DEAT
	PART I. DEATH WAS CAUSE	D BY TE CAUSE (a)	Congest	ive :	heart	failur	re			
	in i		-							
	Conditions, if any, which	DUE TO, O	r as a conseoue	ENCEOF					}	
	gave rise to immediate	(b)								
	cause (a), stating the underlying cause last.	DUE TO, O	r as a conseoue	ENCE OF						
		(c)								
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	DNTRIBUTING TO L	DEATH BUT	NOT RELATED	TO THE TERMIN	NALDISEASE OR CON	IDITION G	IVEN IN PART II	0,
TION		Tial COND	TION FOR WHICH	OREDATIO	NI WAS BERSO	DAVED	20g AUTOPSY?	Tank IEV	ES. WERE FINDI	NCC LISED
CERTIFICAT	19a DATE OF OPERATION	198 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	KWED		IN CERT	IFYING CAUSES	OF DEATH?
T							YES NO		YES 🗌	NO 🗌
U	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	110110 1	FINJURY M. MONTH DA	AY YEAR	21c. HOW IN	JURY OCCURRE	ED (ENTER NATURE OF INA	JRY IN ITEM 18	PART 1 OR PART 2)	
A	(IF EITHER NOTIFY MEDICAL EXAMINE	210	M.	19						
MEDICAL	214 INJURY OCCURRED		OF INJURY		211 LOCATIO	N	CITY OR II	OWN	COUNTY	STATE
Z	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE F	ARM ETC)	SINCE					
	22a.1 certify that (1) (this hasp	ital) attended th	e deceased from	6/24	/85	. 19	to nre	sent	19	that (1) (we) !
	saw the deceased alive or above_(() (we) (did) (did ri	/	_ / .		nd that in (my)		eath occurred on the c			
	above_(() (we) (did) (did no 17h SIGNATURE	t view the body	after death.		DEGREE				724 DATE	SIGNED
	TX /	AWI	V	111	1	TTENDING	MEDICAL _ STA	FF _		
-	XM /	1 OV	/2	1.1			DIRECTOR PHYSI	CIAN	1 8/	7/85
	A. F. Nou	c, M.D.						Suit	e 9, B	altim
23a. I	BURIAL, CREMATION, REMOVAL	23b. DATE	230 1	NAME OF C	EMETERY OR	REMATORY	23d. LOCATION		COUNTY	57 476
		8/13			S Mam	rdI	Arbuti	ıs		Ma
	UNERAL DIRECTOR				1.16:1111	250 DATE	REC'D. BY REGISTRA	25h/REGI	STRAR'S SIGNA	Minds 10
W	m CM March F/	H Inc.	1101 DORE	Nort	h Avei	nue All	G 1 2 1985	Suma	A MARINE AND	1
24 F	Burial UNERAL DIRECTOR	23b. DATE 8/13	/85 Az	cbutu	1576 1576 EMETERY OR O	Merri REMAIORY Pari Orial	itt Blvd 23d location (ity or town Arbuti REC'D. By REGISTRA	Suit	e 9, B	altim

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After this

(VRA 15, 4)

BP



injury, ar other troumatic event, the

226088

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

22278

4	REGISTRAR		CE	RTIFICATE OF DEA	TH	REG. NO.		*
ì	I. DECEASED NAME FIRST	MID	DLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	Danie	le		HIT	10.00	Hug	9 83	5- DM
	3. SEX	4. RACE		ATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDA)	MONTHS DAYS	IF UNDER Z. HRS. HOURS MIN.
	Female	White		1-2-1924		60 YRS		
Ž.	COUNTRY)	76. CITIZEN OF WE	HAT COUNTRY? 8	ARRIED NEVER MAR	RIED 🗆	9 BALTIMORE CITY OR COUN		
4	Md.	U.S.A.			RCED 🗌	Balto. Ci	-	MD.
,			SPITAL, NURSING HO ACILITY, GIVE STREET ADDRES MARITAN HO	OME OR OTHER INSTITU	TION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	LIFE) 126 KIND C	OF BUSINESS OR
4	Balto. USUAL RESIDENCE (IF NURSING HOME OR			_		Housewife		, s
35 101 101	Md.		Balto.	YES A NO		3100 Pinewood	Åve. 21	214
-	14 FATHER'S NAME FIRST John	MIDDLE	antegna	15 MOTHER'S M. Pie	trina	MIDDLE	Rigatuso	ST
	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 16	SOCIAL SECURITY		-1	ADDRESS		
1	(YES, NOOR UNKNOWN) (IF YES, GIV	e WAR OR DATES)	218-14-917	John A.	. Hirt	, Same as 13e		
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per hir	e for ioi, (b), and	A	-		BETWEEN	CIMATE INTERVAL ONSET AND DEATH
		E CAUSE (0)	Cara	ac Avr	est		1/	2 M
		DUE TO, OR A	S A CONSEQUENCE	of a	0	-001	1.	1-240
	Conditions, if ony, which gove rise to immediate	(b)	House	Myoca	race	as mong	702	Zarys
	couse 101, stoting the underlying couse lost.	DUE TO, OR A	S A CONSEQUENCE	OF (1		0
		(c)	TRIBUTING TO DE LT	LOUIT MOT BELLITED TO	THE TERM	ALL DISCLOSE OR COLUMNIA		
		ONDITIONS CON	200 T	DOA	1/	NAL DISEASE OR CONDITION G	Dana CO	Far Cin
	190 DATE OF OPERATION 8 6 85 210. ACCIDENT WAS UNDERLYING	19b CONDITIO	ON FOR WHICH OPER	RATION WAS FERFORM	Vasc	20 OUTOPSY? 206 IF Y	ES, WERE FINDI	
,	8/6/84	D	ant an	ngren	2		TIFYING CAUSES YES [7]	S OF DEATH?
-	210. ACCIDENT WAS UNDERLYING		NJURY	2 c. HOW INJUR				
7	OR CONTRIBUTING CAUSE OF DEA	1111	MONTH DAY	YEAR W				
	OR CONTRIBUTING CAUSE OF DEA	21e PLACE OF	INJURY	211 LOCATION		CITY OR TOWN	COUNTY	STATE
	WHILE NOT WHILE AT WORK	(AT HOME, STREET	PACTORY, OFFICE PARM, E	1	-	- 10		
	22a I certify that 🗘 (this hospi		deceased from	5/3	19_85	_, 10	, 19 85	that (1) (ac) lost
	saw the deceased alive on above, (I) (are) (did) (did no	wiew the bady at	ter death.	The state of the s	7 opinion d	eath accurred on the date and h	our and from the	couses stated
	77% SIGNANURE	10 -		DEGREE	NDING	MEDICAL STAFF	22c. DATE	SIGNED
_	274 PHYSICIAN'S NAME (1991.0	man	7		SICIAN [DIRECTOR PHYSICIAN	15	1/07
-	11-4-0	0	U	126 ADDRESS	30/1	och Kaven B	100	Cicolol d
_	1 CADY C	nang	22. 514415	OF CEMETERY OR CRE	Part	123d LOCATION		
	23a. BURIAL, CREMATION, REMOVAL (SPECIF Burial	8-12-8	0.00	y Redeemer	MATORY	CITY OR TOWN	COUNTY	STATE
	24. FUNERAL DIRECTOR	0 12 0	1101,	, wedeemer	25a. DATE	Balto., Md.	STRAR'S SIGNAT	TURE

DHMH - 16 60M 7/84 (VRA 15, 4)

Leonard J. Ruck, Inc., 5305 Harford Rd.

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Mr. the War	Service Services	Personal Control	

· Fig. 6. attast

Lemmard J. Mack, Inc., 7305 Her land Md.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTIFIC	CATE OF DEATH	REG. N	O.		
1. DECEASED NAME FIRST E	clizabeth,	D. Ho	Hock	20. DATE OF DEATH	MONTH	15-85	26 HOUR 455 PM
3. SEX FEMALE	RACE Whi	09	- 21 - 99	6 AGE (IN YEARS LAST BIR	YRS	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
74 BIRTHPLACE (STATE OR FOREIGN COUNTRY Germany	USA-	MARRIED WIDOWED		Baltimore city of	more	of DEATH	+4 MD.
Ba to	11. NAME OF HOSPITAL, I UNIVERSI	VE STREET ADDRESS)	Md Hosp	12a USUAL OCCUPATION OF OF WORK FOR MOST OF THE OF WORK FOR MOST OF THE OCCUPATION OCCUPATION OF THE OCCUPATION	F WORKING LIFE		maker
FUSUAL RESIDENCE (IF MURSING HOME O	NIY 13€ CITY C	ltimore	36 INSIDE CITY LIMITS?	136 STREET ADDRESS	ZIP CODE	2122 Rewo	4 AVE
A Fred	Dicke	AST	J oseph	ine MIDDLE		Th	: 11
160 WAS DECEASED EVER IN U.S. AF	INE WAR OR DATES)		Marker Har	hart Bo		Md.	wood Au 21224
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	ong estiv		AILURE			
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT N	IOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIV	EN IN PART 1	0
190 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?		S, WERE FINDI	
21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MON' P.M. 21e PLACE OF INJURY	19	216 HOW INJURY OCCUR			1	
WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hasp	(AT HOME STREET, FACTORY, pital) attended the deceased	from A my	STREET	, 10	5		that (It (we) last
saw the deceased alive or abave. (I) (vg.) (did) (did no 22b SIGNATURE	at) view the body after death		EGREE ATTENDING PHYSICIAN	MEDICAL STAIL	F /	220 DATE	
22d. PHYSICAN'S NAME (TYPE	ORPRINT	NOT	120 S. G	rune St. B	altimo	e Md	21201

23c. NAME OF CEMETERY OR CREMATORY

SPECIFY Burial 8/28/85 Holy Redeemer Cem. Baltimore, Maryland

24 FUNERAL DIRECTOR John A. Moran, Inc. Funeral Homeate Recd. By Registrar 256 Registrar's SIGNAT PARKETS ADDRESS.

3000 E. Baltimore St., Balto., Md. 21224 AU6 2 7 1985

23d LOCATION

BP.

(VRA 15, 4)

DHMH - 16 60M 7/B4

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial**

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And I word to the state of the

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21 201

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in by the funeral director, page.3 e filed within R2 farm after death

injury, or other troumotic event, the

should be detached far use as the burial-transit permit. Then please remave carbonpape with the State Dept. af Health and Mental Hygiene priar to burial, cremation, ar remaval

TO FUNERAL DIRECTOR: After this certificate has bee

IMPORTANT: If them 21 is marked or them 18 shows any

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIENE CERTIFICATE OF DEATH

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DEECRATO NAME 1931 DEED AT 19			REGISTRAR			CERTIF	ICATE OF DEAT	Н	REG. NO	o.	1	
S. SEA C. RACE S. DAR OF BRITE S. DAR OF				٨	NIDDLE		AST	201			DAY YEAR	The second second
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MARRED 28. NEVER MARRED 30. NEVER MARRED	1	2	IALS	WHIT	2		- 11 1510	Î.	63	100	MONTHS DATS	MIN.
IR CHY OR DOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 178 LISUAL OCCUPATION 18 KIND OF BUSINESS OR BOULSTRY	ď			76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRI	ED 🗆 9	BALTIMORE CITY O	R COUNTY	OF DEATH	
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Individual Control 18 18 18 18 18 18 18 1	ź	14 FA		MIDDLE 4 1	LAST		FIRST				LAS	51
IS CAUSE OF DEATH Enter only one cause per line for 10, (b), and (c)	2	ل	OHO 1.1.	HOL	OCKINS	JSR.		15	MAY		MASS	MORE
18 CAUSE OF DEATH LEnter only one cause per line for 101, (b), and (c.) PART I. DEATH WAS CAUSE (a) Conditions, if only, which gove rise to immediate cause lost Conditions, if only, which gove rise to immediate cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVE						-10	17 INFORMANT	111	0	55		
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Underlying cause lost	3		gove rise to immediate							-		
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220 ADDRESS DR-BAYAN B. ELMA 230 BURIAL, CREMATION, REMOVAL 231 DATE BURIAL AUG. 31, 1985 MORELAND MEM. PK. PARKVILLE BOLTO-NARYLAND 24 FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS 220 ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS 220 ADDRESS ADDRES			2	B 6	7/	1		DING	MEDICAL STAF	F _	III. DATE	31/15
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236 BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OF CREMATORY 236 LOCATION COUNTY BURIAL AUG. 31, 1985 MORS LAND MEM. PK. PARKVILLS BALTO-MARYLAND 24 FUNERAL DIRECTOR ADDRESS 8800 ROAD 256. DATE REC'D. BY REGISTRAR'S SIGNATURE			DR BOURN	B 5	1 ma		3073	50	7:00 0	105	Barra	2.724
BURIAL AUG. 31, 1985 MORSLAND MEM. PK. PARKVILLS BALTO-MARYLAND 24 FUNERAL DIRECTOR ADDRESS ADDRESS		23a BI	URIAL CREMATION REMOVA	23b, DATE	1230	NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION	V2.	17140	61001
24 FUNERAL DIRECTOR ADDRESS					1 1995 M	ORSI	Ann Man	PK.		4 B	COUNTY	ARUJATE AND
NAME ADDRESS		24 FU		11100.0	1.10011	880	O ROAD	250. DATE	REC'D. BY REGISTRAR	25b. REGIST	RAR'S SIGNAT	TURE
		3	VARS CHAPS	LOFM	SMORIS			SF	P 3 1985	, who	Stiridson	Randa 2.

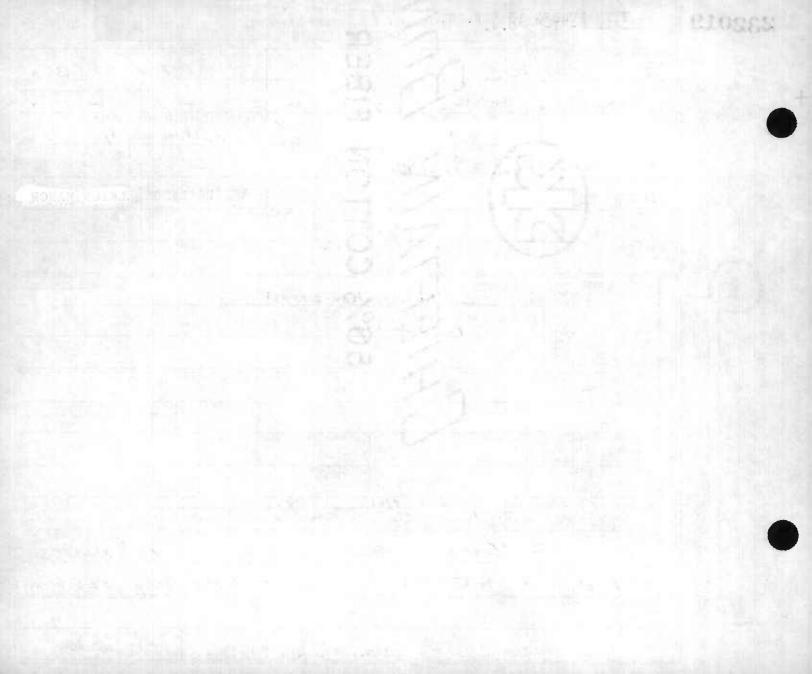
DHMH - 16 60M 7/84 (VRA 15, 4)

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	T. DEC	EASED NAME	FIRST	MEI	MIDDLE	EXAMIN	EK 5 CE	RTIFICATE	OF DE	20 DATE	REG. N	MONTH	DAY YEA	AR Zb HOU
68m	(119)	OEFERO)	Geral	đ	Ray		Ho	gan		OF	MATED [8/	10/19 8	35
	Ma.	1000	lack	5. DATE OF BIRTH	59	6 AGE (IN YEAR LAST BIRTHDA	MONTHS (Y)		ER 24 HRS.	PRONOUN DEAD		MONTH 8/	10/19 E	11: 35 Å
5	7s. 88	THPLACE INTATE OF		76. CITIZEN OF WE		VTRY?	8 MARRIED WIDOWED	NEVER MA	RRIED &			or count	Y OF DEATH	M
0	III. CII	Baltimor		11. NAME OF HOS (IF NOT IN SUCH FA 2717 E.	CHITY GIVES	STREET ADDRESS)	, OR OTHER	INSTITUTION		MOST OF WOR	PATION (TY		176 KIND OF OR INDU	
5	USUA 30 S1	ATE	136 COUNT	R OTHER INSTITUTION, GI	13c CITY	E BEFORE ADMISSION Y OR TOWN 1timore	13	d INSIDE CITY LIMITS	13e STI	REET ADDRE	ss Chas	e St.	2121	.3
1	14. FA	Walter		MIDDLE	Lane	LAST		MOTHER'S MA		E M	IDDLE	Hoga	LAST	
		(AS DECEASED EVE S, NO, OR UNKNOWN) NO	R IN U.S. ARA			CIAL SECURITY 76–588!		INFORMANT		1022	ADDRES	5		
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7			of I fook charg	e of the remains des	Accident	, 5w	Autopsy icide , M.D.	Homicide TITLE (SPECIFY ASSIST	onde ant MED	Inquiry stermined mo	onner	DATE	Ω/-	11/85
	()	PRIAL, CREMATION PECIFY) Burial		36 DATE 3/16/85		NAME OF CEA			CITY	ocation		COU	M	1D ^{STATE}
7 (5))	Wm	NERAL DIRECTOR	h F/H	1101 EDDRESS	North	a Ave.		250. DA		Y REGISTRA	R 25b REC	WILLIAM S	I PER I	L

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STATE OF MARYLAND



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21

STATE OF MARYLAND

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AUG 9 1985 rivia Maridan Rindon

1	FOR STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYD	GIENE) 2	2 2	28,	3	
	CPASED NAME FIR	ST .	MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
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1.5	EX	4 RACE		5. DATE		6. AGE (IN YEARS LAST B	IRTHDAY)	IF UNDER I YEAR	IF UNDER 24	
	Female	Whi		Tu	ne 10, 1898	87	YRS		HOURS	MiN.
o E	COUNTRY!	Th CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
	enn.	U.S.A.	A STATE OF THE STA	WIDOW	ED DIVORCED	Balti	more (City.		MD.
10 (CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPA			F BUSINESS	SOR
B	altimore		Louise Ave			Housewi		, , , , ,	V	
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MI LU	arvland	COOM	Baltimo		YES X NO	2903 Lou			1214	
14.F	ATHER'S NAME				15 MOTHER'S MAIDEN NA	ME				
1	James	WIDDLE	McGui	ire	Margare	t MIDDLE		Win	dfelde	er
	WAS DECEASED EVER IN U		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDI	RESS C4 he	son Isla		-
	(IF	YES, GIVE WAR OR DATES)	216-48-4	1992	Mr. James A.	Holechek	By Wa	ater Rd	•	1000
	8 CAUSE OF DEATH (E)	nter anly ane cause per	line far (a), (b), and	d (ch.)				BETWEEN	MATE INTERVA	ATH
13	PART I. DEATH WAS C	CAUSED BY: NEDIATE CAUSE (a)		(Brak Can	cov		1	year	1
1			R AS A CONSEQUE	NCE OF						
NO	underlying cause lo	DUE TO, O	R AS A CONSEQUE		NOT RELATED TO THE TERM	AINAL DISEASE OR COI	NDITION GIV	/EN IN PART 110	o	
CERTIFICATION	9a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDING CAUSES		2
	71a ACCIDENT WAS UNDERLYED OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	74	IURY IN ITEM 18 P	PART I OR PART 2)		
MEDICAL	21d INJURY OCCURRED	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY OFFICE, FA	ARM ETC)	21f LOCATION STREET	CITY OR T	OWN.	COUNTY	STAT	TE.
	22a.1 certify that (I) (this		14 10 8	30	nd that in (my) (our) apinian		date and hou		that (I) (we causes state	
	THE SIGNATURE	de Ja	ndorf	- 4	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN []	8- 9	SIGNED _	
	22d PHYSICIAN'S NAME		1		22e ADDRESS					T.
-		Jandorf, 1			7403 Har					
23a.	BURIAL, CREMATION, REM			NAME OF	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STAT	T E
	Burial	8-10-	85 M	orela				aryland		
24	FUNERAL DIRECTOR		ADDRESS			TE REC'D. BY REGISTRA	R 256 REGIST	RAR'S SIGNAT	URE	
_	Leonard J.	Ruck, Inc.	Baltimo	re, l	id.	J69 1985	- inima	my tem	Borde 20	

DHMH - 16 60M 7/84 (VRA 15, 4)

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. December .. Tuck, Inc. . altitud.

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been signed by the attending physicion mit. Then please remove corban papers.

-		FOR
-1	-	STATE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH

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	1 000	CEASED NAME	FIRST		MIDDLE	LA	ST		12- DA	TE OF DEAT	H MONTH	1 DAY		21	LIP
									20 DA	0. 00.			YEAR	26 HC	OIL
	(I YPE	E OR PRINT)	cuis	Mar	rtin	How	THAU	45			8	24	85	12	15
	3. SE	X	- 4	RACE		5. DATE O			6. AGE	(IN YEARS LA	ST BIRTHDAY)	IF	UNDER I YEAR	_	_
	1	MALE		WHI	TE	MONTH		LO			44,	rRS MOI	NIHS DAYS	HOURS	M
21		RTHPLACE (STATE OR FO	REIGN 7	b CITIZEN OF	WHAT COUNTRY	.5 8	□ NEVER	-	9 BAL	IMORE CI			FDEATH		
2		MO		USC	1	WIDOWEL		NORCED [13	ALT	inc	25	C C	ty	
00		ITY OR TOWN OF DEAT	H 1		HOSPITAL, NURS	ET ADDRESS)	ROTHER INS			UAL OCCU			12b. KIND (INDUSTRY	OF BUSIN	VESS
E	JSU. 13a S	AL RESIDENCE (IF NURSIN	IG HOME OR C	THER INSTITUTION		ORE ADMISSION)		CITY LIMITS?		EET ADDRI	SC / 710 /	CODE	2 KI	ر ع د	11
20	JA FA	Emment Emmen	M	IDDLE	HOLTH	laus		S MAIDEN NA		MIDE	DLE		RY	51~	
2		WAS DECEASED EVER IN		MED FORCES? WAR OR DATES)	166 SOCIAL SEC 220 44		17 INFORM	Paul C	. H		aus	(sar	me as	13	E)
		18 CAUSE OF DEATH	(Enter only		Landarina (h.)	nd:	-						APPRO	CIMATE INT	ERVAL
		Conditions, if any, gove rise to imme cause tot, storing underlying couse	which	1 16)	R AS A CONSEO POWN	UENCE OF		ic G		38/A	Ξ.	NA	ARCT		
	ATION	Conditions, if any, gove rise to imme cause (a), stating underlying couse	which ediote the lost	DUE TO, OI b) Colored	RAS A CONSEO POWN DITRIBUTING TO	UENCE OF	SYW NOT RELATE	D TO THE TERM	~£	SEASE OR C	CONDITIO	N GIVEN	IN PART 1		FD
9	TIFICATION	Conditions, if any, gove rise to imme cause (a), stating underlying couse	which ediote the lost	DUE TO, OI b) Colored	RAS A CONSEO Pown	UENCE OF	SYW NOT RELATE	D TO THE TERM	~£	SEASE OR C	CONDITION 20b. IN C	N GIVEN	WERE FIND	NGS US	ATH?
99	CAL CERTIFICATION	Conditions, if any, gove rise to imme cause (a), stating underlying couse PART 2 OTHER SIGNI 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDER OR CONTRIBUTING CA	which edicate the lost FICANT CO ON RIVING	DUE TO, O (c) DIPP CONDITIONS CO	R AS A CONSEO POWN ONTRIBUTING TO ITION FOR WHICH IF INJURY M. MONTH	UENCE OF	S V V NOT RELATE	D TO THE TERM	AINAL DI	SEASE OR (20b.	IF YES, V ERTIFYII YES	WERE FIND NG CAUSE	NGS US	ATH?
99	MEDICAL CERTIFICATION	Conditions, if any, gove rise to imme cause (a), stating underlying couse PART 2 OTHER SIGNI 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLOWN CONTRIBUTING CA	which sciote the lost FICANT CO ON REVING	DUE TO, OI DUE TO, OI CO IPP CONDITIONS 21b. TIME O HOUR A. P. 21e. PLACE	R AS A CONSEO POWER ONTRIBUTING TO ITION FOR WHICH FINJURY M. MONTH M.	UENCE OF D DEATH BUT N H OPERATION DAY YEAR 19	S C L NOT RELATE	D TO THE TERM ORMED NJURY OCCUR	AINAL DI	AUTOPSY? NO[TER NATURE OF	20b.	IF YES, V ERTIFYII YES	WERE FIND NG CAUSE	NGS US	ATH?
99		Conditions, if any, gove rise to imme cause (a), stating underlying couse PART 2 OTHER SIGNI 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING AT WORK 21d. INJURY OCCURRE WHILE NOT WHILL AT WORK NOT WHILL AT WORK AT WORK 220.1 certify that (1) (4) sow the deceased object, (1) (well discovered)	which clinte the lost TECANT CO	DUE TO, OI TO DUE TO	R AS A CONSEO POWN ONTRIBUTING TO ITION FOR WHICH IF INJURY M. MONTH M. OF INJURY GEET, FACTORY, OFFICE e deceosed from	UENCE OF D DEATH BUT IN H OPERATION DAY YEAR 19 FARM, ETC.)	NOT RELATE WAS PERFO 21c HOW IN	D TO THE TERM ORMED NJURY OCCUR	200 YES	AUTOPSY? NO[ter nature of	20b. IN C INJURY IN ITE	IF YES, VERTIFY IF YES YES	WERE FIND NG CAUSE	NGS US S OF DEA NO	STATE (we)
99		Conditions, if any, gove rise to imme cause (a), stoting underlying couse PART 2 OTHER SIGNI 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE WHILE NOT WHILE AT WORK 22a.1 certify that (1) (1) sow the decreased obove, (1) (we) (did	which stricts the lost the lost FICANT CO	DUE TO, OI DUE TO, OI CC 196 CONDITIONS CC 197 CONDITIONS CC 197 CONDITIONS CC 198	R AS A CONSEO POWN ONTRIBUTING TO ITION FOR WHICH IF INJURY M. MONTH M. OF INJURY GEET, FACTORY, OFFICE e deceosed from	DEATH BUT PHOPERATION DAY YEAR 19 .FARM, ETC.)	NOT RELATE WAS PERFO 210 HOW IN STREE A thot in (my) DEGREE	D TO THE TERM ORMED NJURY OCCUR ON 11 19 ATTENDING PHYSICIAN [200 YES RED (EN deoth oc	AUTOPSY? NO[CITY Curred on the control of the	20b. IN CONDITION IN THE INJURY IN ITE	N GIVEN IF YES, V ERTIFYII YES M 18 PART	WERE FIND NG CAUSE	NGS US S OF DE/ NO	STATE (we)
99		Conditions, if any, gove rise to imme cause (a), stating underlying couse PART 2 OTHER SIGNI 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING AT WORK 21d. INJURY OCCURRE WHILE NOT WHILL AT WORK NOT WHILL AT WORK AT WORK 220.1 certify that (1) (4) sow the deceased object, (1) (well discovered)	which cointe the lost FICANT CO ON RLYING UUSE OF DEAT LEXAMINER D E this hospitat of dive on did (gird nat)	DUE TO, OI DUE TO, OI CC 196 CONDITIONS CC 197 CONDITIONS CC 197 CONDITIONS CC 198	R AS A CONSEO POWN ONTRIBUTING TO ITION FOR WHICH IF INJURY M. MONTH M. OF INJURY DEET, FACTORY, OFFICE e deceosed from ofter death	DEATH BUT IN H OPERATION DAY YEAR 19 .FARM. ETC.)	NOT RELATE WAS PERFO 21c HOW IN 21l LOCATI STREE 21d thot in (my DEGREE 22e ADDRE 3001	D TO THE TERM ORMED NJURY OCCUR ON 11 , 19 ATTENDING PHYSICIAN [SS	200 YES RED (EN deoth oc	AUTOPSY? NO CITY CUTY CAL CAL	20b. IN C 20b. I	IF YES, VERTIFYIE YES I	WERE FIND NG CAUSE COUNTY 122. DATI 22. 2	that (II)	STATE (we)

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this

TO HOSPITAL

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

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	•	REGISTRAR			CERTIF	ICAIE OF DEATH	REG. NO.		4 - 4	
	I. DEC	EASED NAME FIRST		MIDDLE	- L	AST .	20 DATE OF DEATH MO	ONTH DAY YEA	AR 2b. HOUR	
a	(I Y PE C	ANN	IE N	1AE	HO	PKINS		8 18 8.	5 1,20A M	
1	3. SEX		4. RACE		S. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTHO		YEAR IF UNDER 24 HRS	
		Female	Black		MONTH	13 08 YEAR	70	YRS		
11		THPLACE (STATE OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEAT	H 2 mpter	
1	C	GA	U:	5A	WIDOWE		Balter	more C.	My MD.	
	10 CIT	Y OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPATION		NO F BUSINESS OR	
4		City		HEACHITY, GIVE STREET			THE OF WORK FOR MOST OF W	TORRING (NE) HADOS	TIXT	
0	13a S		OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13. CITY OR TOW Baltimor	E ADMISSION)	134 INSIDE CITY LIMITS?	130 STREET ADDRESS / Z	IP CODE	21213	
0	ME	The state of the s		Daitimoi		YES NO I		111 30.		
2	14 FA	THER'S NAME	MIDDLE	Youngblo	hod	Marinda		oungblood	LAST	
)(J		Elesen	Burn concess	166 SOCIAL SECU		17. INFORMANT	ADDRESS			
1	16a W	(AS DECEASED EVER IN U.S. A ES NO OR UNKNOWN) (IF YES, C VO	IVE WAR OR DATES)	213-03-8	3445	Addie Henders				
		18 CAUSE OF DEATH (Enter of	ndu ana calve per	line for (a) (b) an	d (c) 1	1		AFIN	PROXIMATE INTERVAL	
		PART I. DEATH WAS CAUS	ED BY:	CAPP	ine	amost				
		1MMED1	ATE CAUSE (a)	Carry	, a. c.	20 00 0 10	scular di	2000	7/1	
	1	Conditions, if ony, which	(b)_	10 nge	con	Man	Cha. ette			
		cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE	ENCE OF	114.	0	F-0.2		
			(c)		110	Umonia				
4	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TID	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN PAI	81 1(a)	
(2)	ATIC	19a DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FI	INDINGS USED	
7	CERTIFICATION						YES NO	IN CERTIFYING CAL	NO [
0	CER	210. ACCIDENT WAS UNDERLYING	216. TIME C		AV VEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PAR	(1.2)	
7		OR CONTRIBUTING CAUSE OF E	EATH	M. MONTH D	19					
1	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211. LOCATION	CITY OR TOWN	v (OUN)	Y STATE	
	¥	WHITE NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFICE, I	FARM, ETC)	STREET	A	0 0	JIAIL	
		270.1 certify that (I) (this haspital) attended the deceased from 19 1, to 19 1, that (I) (we) last								
		saw the deceased alive	an	18 19	PST, a	nd that in (my) (our) opinion o	death accurred on the date	and hour and Iran	the causes stated	
		above, (I) (we) (did) (did- 22b. SIGNATURE /	view the body	affer death.		DEGREE		22c. [DATE SIGNED	
		Kung	~ /to	7		M.P. ATTENDING	MEDICAL STAFF		5/3/2	
		224. PHYSIC AN'S NAME INP			11-11-	22e ADDRESS		1-7	WIT.	
		KUAI	16-YE	N HU	ANG	B01	V Secon	un H	ospilal	
	23a. B	BURIAL, CREMATION, REMOVA	8/22/1	35 F	name of c	ew Mem. Pk.	23d LOCATION	COUNTY	MD STATE	
		Dullar	0/22/				Baltimore		MD	

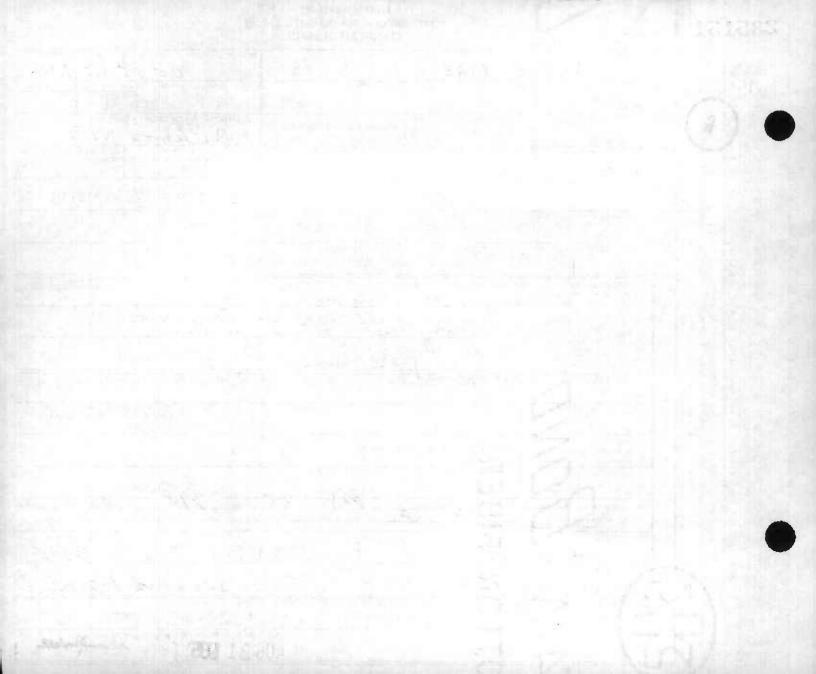
DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

IMPORTANT: If them 21 is marked or them 18 shaws any injury, or other traumatic event, th

Wm. C. March F/H 1101 E. North Ave.

AUG 2.1 885 FEGISTRAR'S SIGNATURE



242050

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

REG NO 20 DATE OF DEATH MONTH & AGE (IN YEARS LAST BIRTHDAY) 101 BALTIMORE CITY OR COUNTY OF DEATH

5. DATE OF BIRTH MONTH DAY April 5. 1884 Th CITIZEN OF WHAT COUNTRY?

HOTT

MARRIED NEVER MARRIED WIDOWEDXT DIVORCED 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION

Baltimore City 120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker

12b. KIND OF BUSINESS OR INDLISTRY Own Home

JOV

BETWEEN

21212

Baltimore Mercy Hospital USUAL RESIDENCE (# NURS | 13 OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 CITY OR TOWN MD

IMMEDIATE CAUSE (a

BERTHA

White

4 RACE

Balto.

IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

MIDDLE

USA

S.

13d INSIDE CITY LIMITS? YES-IX-NO 15. MOTHER'S MAIDEN NAME

13e STREET ADDRESS / ZIP CODE 5900 Breckenridge Ave. MIDDLE

FIRST Jonas 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

- STATE

LTYPE OR PRINTS

COUNTRY

14 FATHER'S NAME

3 SEX

REGISTRAR

Female

IB CITY OR TOWN OF DEATH

TO BIRTHPLACE (STATE OR FOREIGN

DECEASED NAME

Summers 166 SOCIAL SECURITY NO.

Frances 17 INFORMANT Mrs. Frances Leibensperger, Balto., MD

(IF YES GIVE WAR OR DATES) (YES, NO OR UNKNOWN) No

PART I. DEATH WAS CAUSED BY

EIDST

217 32 8243 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic

angrenous @foot

Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR PM

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

IN CERTIFYING CAUSES OF DEATH? YES T

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED NOT WHITE

21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE FARM, ETC)

211 LOCATION STREET

COUNTY STATE

22a I certify that (1) (this hospital) attended the deceased from saw the deceased alive on_

DEGREE

and that in (my) (aur) opinion death accurred on the date and have and from the causes stated 21Y DATE BIGNE ATTENDING

CITY OF TOWN

PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

230 BURIAL, CREMATION, REMOVAL Burial

8/28/85

231 NAME OF CEMETERY OR CREMATORY Weller United Meth.

Thurmont.

MD

DHMH - 16 60M 7/84

Dep *

(VRA 15, 4)

CERTIFICATION

MEDICAL

24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co.

4905 York Road Balto.

250. DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 240126 - STATE REGISTRAR I. DECEASED NAME O DATE KNOWN XX MONTH DAY (TYPE OR PRINT) OF ESTI-8 - 1310 85 Beth Hovermale Marda FUNERAL DIRECTOR. 5 FOR YOUR FILES. 5. DATE OF BIRTH 6 AGE (IN YEARS 4. RACE IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED FOR YOUR WITHIN 72 H 19 85 Feb. 23. DEAD Female White 1971 S NECESSARY, 14 YRS Th. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED X-FOREIGN COUNTRY Colorado Baltimore City U.S.A WIDOWED [DIVORCED FILED, 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS OR INDUSTRY Student N/A University Hospital - STU Baltimore 36. COUNTY 13d: INSIDE CITY LIMITS? 13e. STREET ADDRESS NO X Virginia Orange Locust Grove 15. MOTHER'S MAIDEN NAME M. FATHER'S NAME MIDDLE Hanshew Ronald Hovermale Barbara Fritchie 16h. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 423 Faulkner Ave (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 522-11-5374 Rachel P. Hanshew - Martinsburg, W. Va. No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c),) PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (o). DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HE YES X NO | 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XXOR MEDICAL passenger in auto/fixed object impact CONTRIBUTING CAUSE OF DEATH 6:00 8-11 19 85 21e PLACE OF INJURY (AT HOME 211 LOCATION NOT WHILE STREET, FACTORY, FARM FTC 1 STATE (Rt. 50 at Sportmen Deck Rd., Queentown, Queen AT WORK AT WORK road Anne's Co., TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYDAND, S Inspection XX 22a. I certify that I took charge of the remains described obave, held on Autopsy Accident XX Hamicide ____ Undetermined manner death resulted from Natural causes Suicide L TITLE (SPECIFY) 8-14-85 Assistant EXAMINER'S NAME Dennis F. Smyth. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Martinsburg Berkeley Burial Aug. 15.1984 Rosedale O. DATE REC'D. BY REGISTRAR 1236 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** Thomas Skarda - 348 Whitfield Rd. Baltimore, Md 110 0 0 0005 (VR A15 ME (5))

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40127		REGISTRAR		MEI	DICAL EXAMINER'S	CERTIFICATEO	F DEATH REC	G. NO.	
PALUE		CEASED NAME	FIRST	Epile	WIDDLE	LAST	20. DATE KNOW	N X MONTH D	AY YEAR 26 HOUR
LEASE CLTOR. FILES. COURS TREET,		CONTRICTO	Philip	Alaxa	ander H	lovermale	OF ESTI-	□ 8/11,	/ 19 85 M
PLEAS FILES HOUR STREET	3 SEX	4. RA	CE	5 DATE OF BIRTH		UNDER 1 YR. IF UNDER	24 HRS 20 DATE MIN PRONOUNCED	MONTH D	YEAR 24 HOUR
828	,	Male V	White	Aug. 11,	1969 16 YRS.	NINS DATS HOURS	DEAD	8/ 1	1/19 85 P M
50/	7a. B	RTHPLACE (STATE OF	9	76. CITIZEN OF WH	HAT COUNTRY?	RIED NEVER MARRIE	9 BALTIMORE CI	TY OR COUNTY O	
90		est Virgin	nia	U.S.A		WED DIVORCE		ce City.	AAD
200	10. C	TY OR TOWN OF DE	EATH	11. NAME OF HOS	PITAL, NURSING HOME, OR OT	THER INSTITUTION	120 USUAL OCCUPATION	(TYPE OF WORK 126	KIND OF BUSINESS
OK		Baltimore			CILITY, GIVE STREET ADDRESS) TY HOSPITAL Shi	ock Trauma	FOR MOST OF WORKING LIFE		N/A
100	USU/	AL RESIDENCE (IF IN A	NURSING HOME O	ROTHER INSTITUTION, GA	E RESIDENCE BEFORE ADMISSION)				III A
3		Virginia	Orar COUNT		Locust Grove	YES NO 1	13e. STREET ADDRESS	N/A	99999
m	14. F/	ATHER'S NAME		MIDDLE	LAST	15. MOTHER'S MAIDE	N NAME MIDDLE		LAST
73		Ronald		Unk	Hovermale	Barbar	a Fritchie	в На	inshew
1	16a V	VAS DECEASED EVE	R IN U.S. ARM	MED FORCES?	166 SOCIAL SECURITY NO.	17. INFORMANT	ADD	RES423 Fau	lkner Ave.
2		No	(# 163, 6)16	TAK ON DATES,	522-11-5520	Rachel P.	Hanshew - Man	rtinsburg	, W.Va.2540
	7	18 CAUSE OF DEA	ATH (Enter and	y one cause per line	for (a), (b), ond (c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	-	CIE O		E CAUSE (a)	Mult	iple Injurie	es		
50		010		DUE TO, OR	AS A CONSEQUENCE OF				
AND MENIAL HTGIENE, ATION, OR REMOVAL.		Conditions, if gave rise to		(b)					
5	100	cause (a) statin		DUE TO, OR	AS A CONSEQUENCE OF				
				(c)					
ARIAL, CREWALION,	_	PART 2 OTHER SIGNIFICA	INT CONDITIONS C	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEA	ASE OR CONDITION GIVEN IN PAR	1 1 (a).		
	CERTIFICATION								
1	NA N	190 DATE OF OPER	RATION	196 CONDIT	ION FOR WHICH OPERATION	WAS PERFORMED?		21	0 AUTOPSY?
	RTIF								YES XX NO
2		UNDERLYING	_	216. TIME OF HOUR A.M	MONTH DAY YEAR		ENTER NATURE OF INJURY IN ITE		
1	MEDICAL	CONTRIBUTING	CAUSE OF D	EATH 6:00	8/11/ ₁₉ 85 su		r in auto/fix	ked impac	:t
トラノフ	AED.	216 INJURY OCCU		- STORET FACT		ocation Ster Bound U.	S DHOITY OHEA	COUNTY	STATE
5	-	AT WORK AT	T WHILE X		coadway AN	D Sportsman	Neck Rd., Qu		
-	0	22a. I certify tha	t I taak charge	e of the remains desc	cribed above, held an Auto	psy X, Inspection		and in my apinia	5M
1		deoth resulted fro	m: Noture	ol couses,	Accident X Suicide	Homicide .	Undetermined monner	7.	
/	-		1	1 -		TITLE (SPECIFY)			
		ACTUAL SIGNATURE	11	211		M.D. Assistan	T MEDICAL EXAMINED	DATE SIGNED_	8/12/85
7	-		-	0			- MEDICAL EXAMINER	SIGNED_	
F		(TYPE OR PRINT)	Grec	gory R. Ka	auffman, M.D.	_ADDRESS	111 Penn St.		
	23e. B	URIAL, CREMATION,	REMOVAL 23	b DATE	23c. NAME OF CEMETERY	OR CREMATORY	23d LOCATION	COUNTY	STATE
		durial	A	ug. 15.19	85 Rosedale Ce	meters	Martinehung		
	24 F	JNERAL DIRECTOR				4750 DATE R	Martinsburg		
))	1	homas Ska	rda -	348 Whitf	ield Rd. Balti	more, Md	DISCHOOL AL	Kristano	fandelle

STATE OF MARYLAND

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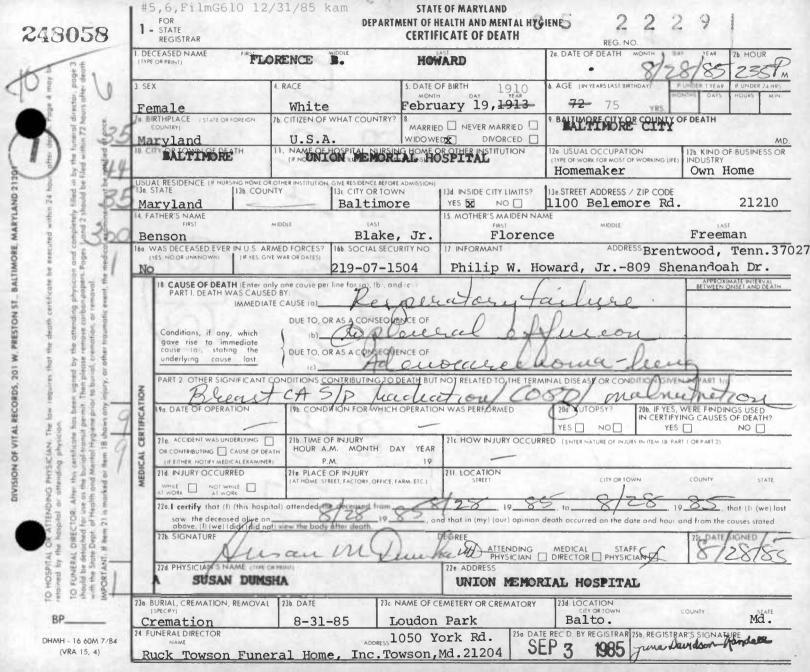
JNSbij

Virrinia rance Locus Grove x .../A

Honeld Lik hovermale sarkora ritchie Hanshek

V23 Laulkner Ave.

S22-11-5-20 (achel . lanshew - lartinsburg, 1.4., 254)



CARONI .E ATMONDO

FOR - STATE within 24 hours ofter death. Page 4 may be to retail filled in by the funeral director, page 3 12 should be filed within 72 hours after death mind must be hopfied at once.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

03	2	2	9	2
6-	Co.	600	1	Line

	REGISTRAR		4611111	TEATE OF BEATT	REG. NO.					
	EASED NAME FIRST	MIDDLE	ı ı	AST	20. DATE OF DEATH MO	NTH DAY YEAR 26 HC	OUR			
TYPEC	Harrie Harrie	of	Hal	med	8	1/12/05/11	050			
0.57.14			100	DUID	6. AGE LIN YEARS LAST BIRTHDA	1 000	DER 24 HRS			
SEX		4 RACE	5. DATE C		O. AGE (INTEAKS LAST BIRTHUA	MONTHS DAYS HOURS				
	Female	Black	10	2 01	83	YRS.				
		16 CITIZEN OF WHAT COUL	VTRY? 8		9 BALTIMORE CITY OR C	OUNTY OF DEATH				
CC	Marriland	U.S.		NEVER MARRIED	Ralli	mara Cit	1			
CIT	Maryland Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	WIDOWE		12ª USUAL OCCUPATION	176 KIND OF BUST	NIESS O			
D	1 /	(IF NOT IN SUCH FACILITY, GIVI		K OTTEK II 43TTOTIOI	ITYPE OF WORK FOR MOST OF WO		142330			
10	athmore	Provident	Hosp.							
	ATE 13b. COUN			A 12 L IN ICIDE CITY HAVITCO	13e STREET ADDRESS / ZI	n conf				
	ld.	Balto		13d. INSIDE CITY LIMITS?	140 W. Lafa	ayette Ave. 21	217			
	HER'S NAME	Daico	•	15 MOTHER'S MAIDEN NA		., 0000 01				
FAI		MIDDLE LA	ST	FIRST	WIDDLE	LAST				
П										
	AS DECEASED EVER IN U.S. AR		L SECURITY NO.	17. INFORMANT	ADDRESS					
{YE	Unkn. (IF YES, GIVE	E WAR OR DATES	0-0612							
_	Olikii.	1220 3	0 0012			A SOUTH A SOUT	TEDWAI			
	18 CAUSE OF DEATH (Enter an	ly ane cause per line far (a),	(b), and IC) I		A 1	APPROXIMATE INT	ND DEATH			
	PART I. DEATH WAS CAUSED	1 1	-din-k	ulmoore	11 Hrrost	-				
- 1	IMMEDIATE CAUSE (a)									
_	DUE TO, OR AS A CONSEQUENCE OF									
- 1	Canditions, if any, which (b) DISSEMINATED INTRAVASCULAR (MANUAGATIVA)									
-1	gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF									
	underlying couse last	Ser	ISIS DI	compable GT	Malianano	1//				
H	PART 2 OTHER SIGNIFICANT C	CONTRIBUTIONS CONTRIBUTION	C TO DE THE BUT	NOT BELATED TO THE TERM	AINIAI DISEASE OR CONDIT	CIVENLINI DADT 1:-				
	TAKI 2 OTHER SIGNIFICANT C	Co 10 0-	G TO DEATH BOT	I I I I I I I I I I I I I I I I I I I	A A A A A A A A A A A A A A A A A A A	ION GIVEN IN PART TIG				
4	Jaunaice	- severe 1	eridon	tal aisease	Anemia					
5	90 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED		Ib. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE				
CERTIFICATION					YES NO	YES NO				
	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)				
	OR CONTRIBUTING CAUSE OF DEA	THE RESERVE AND ADDRESS.	H DAY YEAR							
MEDICAL	LIF EITHER NOTIFY MEDICAL EXAMINER		19							
2	21d INJURY OCCURRED	21e PLACE OF INJURY	DEELCE CADA ETC.	211 LOCATION	CITY OR TOWN	COUNTY	STATE			
	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, I	DIFFICE FARM, ETC)							
- 1	220 certify that (1) (this haspit	tal) attended the decertal	Irom X	160 10 84	8/1=	3 10 85 4-11	1 /20-11-			
- 1	sow the deceased alive an,	7/12	95	ed that is (mu) (out) an inco	dooth occurred on the date	and hou and from the causes:	(we) lo			
1	abave, (1) (we) (did (did nat	t view the body alter death.	. 01	a mor to (my) (dor) apinian	deam occurred on the date	and noor and from the couses :	stated			
	226 SIGNATURE	111		DEGREE		22c. DATE SIGNE	D			
	TVOR NOI	· V Hixm	11	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	VII/ X/12/19	85			
1	22d. PHYSICIAN'S NAME (TYPE OF	PR PRIVIL	, 100	22e ADDRESS	J DIRECTOR [] PHI SICIAL	191010	00			
	[]	- V 11:00	2 10	21007	V - 1 - 1 1-	D. //	15			
	FIEGOO	1. ITIXOI	LIMD	1310010U	unaa Huc	- BUTIMOYE	MI			
	JRIAL, CREMATION, REMOVAL	23b DATE	73c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	s. Barnmore	M			
	JRIAL, CREMATION, REMOVAL PECIFY) Pomoval	23b DATE 8/19/85	73c NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE			

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

TO FUNERAL DIRECTOR: After this certificate has been significated be detached for use as the buriok-transit permit. Then with the State Dept of Health and Mental Hygiene prior to be

Anatomy Board

24 FUNERAL DIRECTOR

NAME

ADDRESS

Balto., Md. 1922 3 1985



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAITIMORE, MARYLAND

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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3		REGISTRAR				CERTII	ICAIL OF D	LAIN	REG	NO.			
H		EASED NAME	FIRST	A	AIDDLE	L	AST		20. DATE OF DEATI	MONTH	DAY YE	AR	26 HOUR
	(TIPE	ORPRINT	Ida	177.35		НОЙ	IARD		August				6:10A M
	3 SEX		4	RACE		5. DATE C		TEAR	6. AGE (IN YEARS LAS	BIRTHDAY)	MONTHS D	YEAR	IF UNDER 24 HRS
		Female	TELL	B 1	ack	7	16	07	78	1110			NOOKS MIS
1		OUNTRY)	R FOREIGN 71	CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER N	ARRIED 🗆	9 BALTIMORE CIT			Ή	
5	Ma	aryland	Fig. 1	U.S.		WIDOWE	DIX DIV	ORCED	Baltin	ore Ci	ty		MD.
8		ry or town of di Baltimore		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET A ND GENER	(DDRESS)		NOITUTI	170 USUAL OCCUP				F BUSINESS OR
-	USUA 13a. S	L RESIDENCE (IF NU	136 COUNT		GIVE RESIDENCE BEFORE		13d. INSIDE CI	TY LIMITS?	13e.STREET ADDRE	SS / ZIP CO	DE		
1	Ma	aryland			Baltimo	re	YES X	NO []	2418 Dr	uid I	lill	Av	e21217
	14 FA	THER'S NAME	M	DDLE	LAST		15 MOTHER'S	MAIDEN NAM	ME			LAST	
)		Edward			Hall		_	nces			На		
	16a W	AS DECEASED EVE		ED FORCES?				VT TV	AD	DRESS			
	ľ	VAS DECEASED EVE ES. NO OR UNKNOWN) NO	(IF TES, GIVE	WAR OR DATES)	N/A		Louis	Reyn	olds 191	3 C1i	fton	A	venue
		18 CAUSE OF DEA	ATH Enter only	one couse per	line for (a), (b), and	dic i	138						NATE INTERVAL
ì		PART I. DEATH	IMMEDIATE		Sepsis								
Ħ	30	100		DUE TO, OI	R AS A CONSEQUE	NCE OF							
		Conditions, if ony, which (b) Hyperosmolar Coma											
		gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF											
		underlying couse lost. (c) Azotemia,					ardiac	arrythn	mia, secon	dary t	o pype	erĸ	alemia.
	7	PART 2 OTHER SIG	GNIFICANT CO	NDITIONS <u>CC</u>	ONTRIBUTING TO	EATH BUT	NOT RELATED	TO THE TERM	IN AL DISEASE OR C	ONDITION	IVEN IN PAR	RT Ita	
_	CERTIFICATION		171011	Tini comp	10.1500	ODEDATIO	LILLIAG DEBEGO		Ten AUTORSV3	201 10 3	VEC VAVEDE EI	h (D) h (CCUCED
7	FICA	190 DATE OF OPER	AHON	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	SWED	200 AUTOPSY?	INCER	TIFYING CAL		OF DEATH?
agents)	E			21b. TIME OF INJURY			Tax noway		YES NO	- 1	YES [NO []
1		210 ACCIDENT WAS U		110110 1					KED (ENTER NATURE OF	INJURY IN ITEM T	8 PART I OR PAR	SI 2)	
	CA	(IF EITHER NOTIFY MEDICAL EXAMINER)			P.M. 19								
	MEDICAL	21d INJURY OCCU		21e. PLACE (OF INJURY TEET, FACTORY, OFFICE, F.	ARM ETC)	211 LOCATIO	N	CITY	RIOWN	COUNT	ΓY	STATE
			WHILE .	1		7	- T	0.5	7	· ± · 7	05		
		270 I certify that XI (this haspital) attended the deceased from August 1 19 85 to August 2 19 85, that XI (we) lost saw the deceased alive an August 2 19 85 and that in (are) (aux) an increased alive and hour and from the course stated											
		above, 1) (we) (did) and suit see the bady after death.											
		6au	- lu	1/h	. The	m		TTENDING PHYSICIAN F		STAFF (SICIAN KI	8	1	1/85
		224 PHYSICIAN'S	NAME THE OF	MINT)	-	1.1	22e ADDRES				1	-	
		Gary	W. Mer	ritts,	M.D.		C.0	Maryla	and Genera	al Hos	pital		
	23a. B	URIAL, CREMATION	N, REMOVAL	23b. DATE	23c N	IAME OF C	EMETERY OR C	REMATORY	23d LOCATION	y	COUNTY		STATE
	(BURIAL		8/7/	85 Mo	unt	Auburn	Cem.	Balti		COUNTY	N	1d

DHMH - 16 60M 7/B4

MPORTANT: If them 21 is marked or them 18 shows ony

(VRA 15, 4)

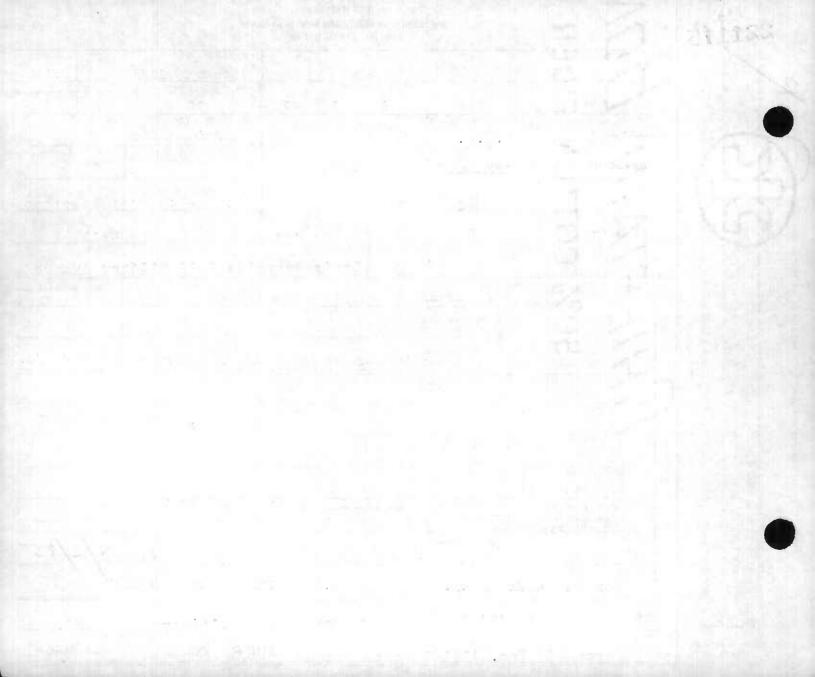
74 FUNERAL DIRECTOR
NAME
Wm C March F/H Inc. 1101 E North Avenue

Mount Auburn Cem.

em. Baltimore, Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

AIIG 6 1085 AUG 6



Hours ofter death

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REC	o
TAL	The T
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hour
DIVIS	DING
	ATTENE
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	STAIL OF MAKIL
OR	DEPARTMENT OF HEALTH AND
TATE	
REGISTRAR	CERTIFICATE OF D

MENTAL HYGJENE 5

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lin	Can	Ca	1	-

wha Davidson-Randall

REGISTRAR		CERTIFICATE	LDEATH	REG. N	0.		1
1. DECEASED NAME FIRST	WIDOLE	LAST		2a DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(TYPE OR PRINT) GEORGE		HOWEL	_		8 22	- 85	1049 PM
	ACE	5 DATE OF BIRTH	Y YEAR	6 AGE (IN YEARS LAST BIR	THOAY) IF U	HS DAYS	IF UNDER 24 HRS HOURS MIN.
MALE	WHITE	MONTH DA	25	59	YRS	DATS	HOURS MIN.
COUNTRY	CITIZEN OF WHAT COUNTRY?	8 MARRIED NEV	ER MARRIED -	9 BALTIMORE CITY	R COUNTY OF	DEATH	
Washington DC	USA	WIDOWED	DIVORCED [CITY			MD.
BALT.	NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET UNIVERSITY	AODRESS)		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	F WORKING LIFE)	2b. KIND O NDUSTRY	F BUSINESS OR
AL RESIDENCE (IF NURSING OME OF OTHE COUNTY)	F GEUR CAPITAL	N 134 INSI	DE CITY LIMITS?	130 STREET ADDRESS) 20	743
4. FATHER'S NAME	LE LAST	15 MOTH	IER'S MAIDEN NAM	WE		LAS	1
JOSEPH	HOWELL	-	MARY	1	p.	ETER	2300
160 WAS DECEASED EVER IN U.S. ARMED		IRITY NO. 17 INFO	RMANT	ADD	apitol	Hei	ghts M
Yes NOOR UNKNOWN) (IF YES GIVE WAI	5747	4-40/3 E]	eanor L	Howell 1	.116 Br	ooke	Rd
18 CAUSE OF DEATH (Enter only or	ne cause per line for (a), (b), an	d (c				APPROXI	MATE INTERVAL
PART I. DEATH WAS CAUSED BY		ATIC LAR	YNGEAL	CA		FN	nonths
Couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO (TED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN	IN PART 10	0
Q I90 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS DE	DEODALED	28a AUTOPSY?	20b. IF YES, WI	E DE CINIDIA	ICE LIEFO
ZO DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	198 CONDITION FOR WHICH	OPERATION WAS PE	KPOKMED	YES NO	IN CERTIFY INC		
OR COLUMNIA COLUMN OF DELLIS	216 TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR 21c HOV	V INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART :	OR PART 2)	
S (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19					
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICALEXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE F	ARM ETC] 21f LOC	ATION	CITY OR TO	WN	COUNTY	STATE
22a.1 certify that (1) (this hospital) a saw the deceased alive an above, (1) (we) (did) (did not) vie	AUG 22 19	Ays I	my) (our) opinion o	to 22	. 17		that (I) (we) lost
276 SIGNATURE	+ Russ mo	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC		8/2	2/85
22d. PHYSIC PAR'S NAME (TYPE OR PHILIP	TZEZ MD	ZZe ADD		174 HUS	PITAL	•	
		ryland Ve		23d LOCATION CHEITEI	nham	Mar	yland

Wilhelm Funeral Home

Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

njury, or other troumotic event,

MPORTANT: If Hem 21 is marked or Hem 18

24 FUNERAL DIRECTOROBERT E

Suitland

C. D.C. The state of the s

	1					OF MARYLAND					
246144	1.	FOR STATE REGISTRAR		DEPARTI	CERTIF	EALTH AND MENTAL HY	2	REG. NO	2 2	9	3
ar ar		CEASED NAME FIRST OR PRINT)		DDLE	L	AST	2a. DATE OF			YEAR	26 HOUR
oy be		Vera				wmiller		29,19			9:45 W
ther p	3. SE	X .	4. RACE		5. DATE C	DAY YEAR	6. AGE (INY	ARS LAST BIRTH		UNDER TYEAR	HOURS MIN.
rs o	-	Female	White		Nov	.23,1912	72		YRS.		
62 47G		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	8 MARRIEI	NEVER MARRIED			COUNTYO	FDEATH	
1 1 1	T	ennessee	USA		WIDOWE	D DIVORCED	\mathbb{B}	altin		City	ME
100		Baltimore	(IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET MOTTISC	ADDRESS)	.Balto.Md.		occupation of maid		12b. KIND O INDUSTRY	F BUSINESS OR
) 14 BE	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136, COL	YTAL	Baltimo	/N	134 INSIDE CITY LIMITS?	13e STREET /	ADDRESS / Morr	zip code ison	2122 Ct.B	6 alto.Mo
ond 2 sh	14. F/	THER'S NAME UNKNOWN	WIDDIE	remplet	on	15. MOTHER'S MAIDEN N Lena	IAME	MIDDLE	. Ur	ıknow	'n
21 3 /		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECT	JRITY NO.	17. INFORMANT		ADDRES			
P.00		No	SIVE WAR OR DATES!	314-07-	-8803	Leo T. How	miller	, Same	223	Abo	ve
a physicis on paper emoval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDI.		Report	2	anest					MATE INTERVAL ONSET AND DEATH
or the death or by the attending ar remove corb cremation, or other troumatic		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	(b)	AS A CONSEQUE	ENCE OF	mitadaus Retional	Tuyoni			3	7240 Y S
The low requires the form of the hos been repressible for the pressible form of the pressible forms allows any injury, or shown in the form of the forms of the f	CERTIFICATION	PART 2 OTHER SIGNIFICANT	196 CONDIT	ION FOR WHICH		N WAS PERFORMED	200 AUTO	PSY?	206. IF YES, V IN CERTIFYIN YES [VERE FINDING CAUSES	GS USED
ding physical statements of them 18 short of the them 18 sho		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	CACH	MONTH D	AY YEAR	21c. HOW INJURY OCCU	IRRED (ENTERNA	TURE OF INJURY	IN ITEM 18 PART	I OR PART 2)	
fer this of the bund we had on I	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE O (AT HOME, STRE	ET, FACTORY, OFFICE, I	FARM, ETC)	211 LOCATION STREET	-	CITY OR TOW	N	COUNTY	STATE
CTOR. A storuse of Heolismo		220.1 certify that (1) (this has sow the decaysed alive o above, (1) (we) (aid) (did o	n 8/00	19		d that in (our) opinio	n deoth occurre	d on the dot	e ond hour o		that (I) (G) lost couses stated
by the hor NERAL DIRECTOR State Dept.		22b. SIGNATURE William	carley	tull			MEDICAL DIRECTOR			22c. DATE	SIGNED
retoined by to TO FUNERAL should be der with the Stote			Waterfie	- 1		900 Caton	fres Hos/	Ball	md.	2122	9
BP	23a 1	Burial, cremation, remova				Park Cemt	. Bal	timo		Maryl	andstate
HMH - 16 50M 4/83 (VRA 15, 4)		INERAL DIRECTOR Cully Funera	l Home,	Bal 237	to .Mo	1.21225 250 D. sco Ave.	AUG 3	1985 1985	Sb. REGISTRA	R'S SIGNAT	- Handell

AND THE RESIDENCE OF THE PARTY

233055

FOR STATE

STATE OF MARYLAND DEP

		IL OI III			200
RTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CE	RTI	FICATE	OF	DEATH	

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REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	•
1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26. HOUR
(Jimmy) Ji	mmie Lee	HUDSON	August 16, 1985	4:34 A
3. SEX	4 RACE	5. DATE OF BIRTH		DER I YEAR IF UNDER 24 HRS
Male	Black	MONTH DAY YEAR	48 YRS.	DATS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	V2 1	D BALTIMORE CITY OR COUNTY OF	DEATH
COUNTRY)	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED		MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION 12	KIND OF BUSINESS OR
Baltimore		eneral Hospital	(TYPE OF WORK FOR MOST OF WORKING LIFE) IN Laborer	IDUSTRY
la STATE	DUNTY 136. CITY OR TO BALLO	ON 13d INSIDE CITY LIMITS?	1805 Druid Hi	2/2/ 11 Ave.
A FATHER'S NAME FIRST JOHN	Elmer Hudso	is. Mother's maiden in Ruth	JAME MIDDLE	Williams
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166. SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	
(YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	Ruth E. F	Judson 1805 Druid	hill Ave.
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI	anly ane cause per line far (a), (b),	and ic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(c) CONDITIONS CONTRIBUTING T	<u>O DEATH</u> BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIVEN IN PROPERTY AND PROPERT	PART Ira
190 DATE OF OPERATION		CH OPERATION WAS PERFORMED	-	RE FINDINGS USED
Pulmonary i	The CONDITION TOR WITH	CH GYERATION WAS TEN ORMED	YES XX NO YES X	CAUSES OF DEATH?
OR CONTRIBUTING TO CAUSE OF	DEATH HOUR A.M. MONTH		JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 C	OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAM 218 INJURY OCCURRED 1 E NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	211 LOCATION STREET	CITY OR TOWN C	OUNTY STATE
22a L certify that XI) (this has saw the deceased give above, (Name) (did did	ospital attended the deceased from August 16 19	n <u>August 15</u> , 19 <u>8</u> 85, and that in G y) (aur) apinic	5, to <u>August 16</u> 19 on death accurred an the date and haur and	that (X (we) last from the causes stated
226. SIGNATURE	4	DEGREE ATTENDING PHYSICIAN	_ MEDICAL _ STAFF	221. DATE SIGNED 8/16/85
224. PHYSICIAN S NAME (TY	PE OR PRINT)	22e ADDRESS		
Jonathan	D. Kushner, M.D	c/o Maryla	and General Hospital	
230 BURIAL, CREMATION, REMOV	/AL 23b. DATE 23	C NAME OF CEMETERY OR CREMATORY Eastview Nem. Par	CITY OF TOWN	INTY STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR
ChatMan-Harris FH 1701 McCalloh Street

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DEPARTMENT OF HEALTH AND MENTALHYGIENE - STATE ATE OF DEATH 219003 REGISTRAR 28 DATE KNOWN 1. DECEASED NAME MONTH (TYPE OR PRINT) OF ESTI-8-2-85 DIRECTOR.
OUR FILES.
72 HOURS
ON STREET, RONAL D HIMPHREY 4 RACE E LINDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 8-2-85 1:48A -12-1945 DEAD BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | OREIGN COUNTRY DIVORCED X MARYLAND Baltimore City CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CONSTRUCT. Baltimore Johns Hopkins Hospital ABORER SUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21224 134 INSIDE CITY LIMITS? 13e STREET ADDRESS MD, 2120 2600 E. FAIRMOUNT AVE. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 7 INFORMANT (YES, NO OR UNKNOWN) I (IF YES GIVE WAR OR DATES) ruminos 30005 residente APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) PART I DEATH WAS CAUSED BY Stabwounds of chest and abdomen DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF YES X NO 218 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XOR subject stabbed CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY STREET FACTORY, FARM, ETC.) 700 blk. of S. Broadway Baltimore, Mary Tand NOT WHILE AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STIT ABALTIMORE, MARYLAND, 2 Autopsy X 22a. I certify that I taak charge of the remains described above, held on Inspection and in my opinion Hamicide X Suicide Undetermined manner death resulted from: TITLE (SPECIFY) ACTUAL SIGNER-2-85 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 PennStreet (TYPE OR PRINT) 23d. LOCATION STATE COURIAL 07/84 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE L FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH I. DECEASED NAME 2b. HOUR (TYPE OR PRINT) James Hunter 1985 AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH YEAR Male White June 1916 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY Baltimore City Maryland DIVORCED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Steel Machinist Beth. Steel Baltimore South Balto Gen. Hosp USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13 STREET ADDRESS / ZIP CODE Balto . Md . 2122 Bk. Park Old Riverside Rd. Maryland A.A.Co. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Hunter Sallie G. Jones 166 SOCIAL SECURITY NO 17 INFORMANT 60/WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 218-10-1757 Mrs.Mallie E.Hunter.Same 18. CAUSE OF DEATH (Enter only one cause per line to to), (b), and ic. PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH 19 (FEITHER NOTHY MEDICAL EXAMINER) PM 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR LOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 20 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased olive on, and that in (my) (our) opinion death occurred an the date and hour and from the causes stated above, (1) (we) (did) (did) (and not) view the body ofter death. 22b. SIGNATURE DEGREE 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 22d PHYSICIAN'S NAME (TYPE OF PRINT) should be 203 E. Patapsco Ave. Balto. Md Dr. Vidya Mundra, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN Burial Cedar Hill Cemt. Balto. A.A.Co.Maryland . 2122 30. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 McCurly Funeral Home 237 Patapsco (VRA 15, 4) was vary for Harristie

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1050 York Rd.

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

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be executed by ond complete. Pages	(YES, NO	CCEASED EVER IN DR UNKNOWN)	U.S. ARME	ED FORCES?	IAN SOCIAL SE	CURITY NO. 8/806	17 INFORMANT Ray HU		ADD 39191	ress Emmar	SiEG TAVE,	41715
RECORDS, 201 W. PRESTON ST., B. low requires that the death certifica n. os been signed by the ottending physpermit. Then please remave carbon page prior to buriol, cremation, ar remave ws any injury, ar ather traumatic event,	Con- gov- cous unde	ditions, if any, we rise to immede (a), stating cause	chich diote the lost.	BY: CAUSE (0) DUE TO, OI (b) DUE TO, OI (c) NDITIONS CC	Cardi RAS A CONSEC RAS A CONSEC DOTRIBUTING TO RAS A STATE OF THE	DUENCE OF DUENCE OF DEATH BUT 2 1 8 5	NOT RELATED TO	THE TERMIN	AL DISEASE OR CO	20b. IF YES	EN IN PART 1100.	LIFS SS USED F DEATH?
TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician TO FUNERAL DIRECTOR. After this certificate h should be detached for use as the burial-transit p with the State Dept. of Health and Mental Hygier MAPORTANT. If them 21 is marked or tem 18 should	27d. F	CCIDENT WAS UNDER INTRIBUTING CAL THER, NOTHY MEDICAL NJURY OCCURRED RR NOT WHILE AT WORK Certify that (1) (1) DOWN the decessed BOVE, (1) (WE) (1) KINDER HYSICIAN'S NAM	JSE OF DEATH EXAMINER) One hospital alive on) (did not)	P. 21e. PLACE (AT HOME, STE AT	M. MONTH M. OF INJURY REET, FACTORY, OFFICE the deceased from 18 19 offer death.	19 TE, FARM, ETC.) TAUS TO SES., O	211. LOCATION STREET 1 2	9_85) opinion dec NDING SICIAN		date and hour	COUNTY COUNTY Ond from the co	GNED 8\85
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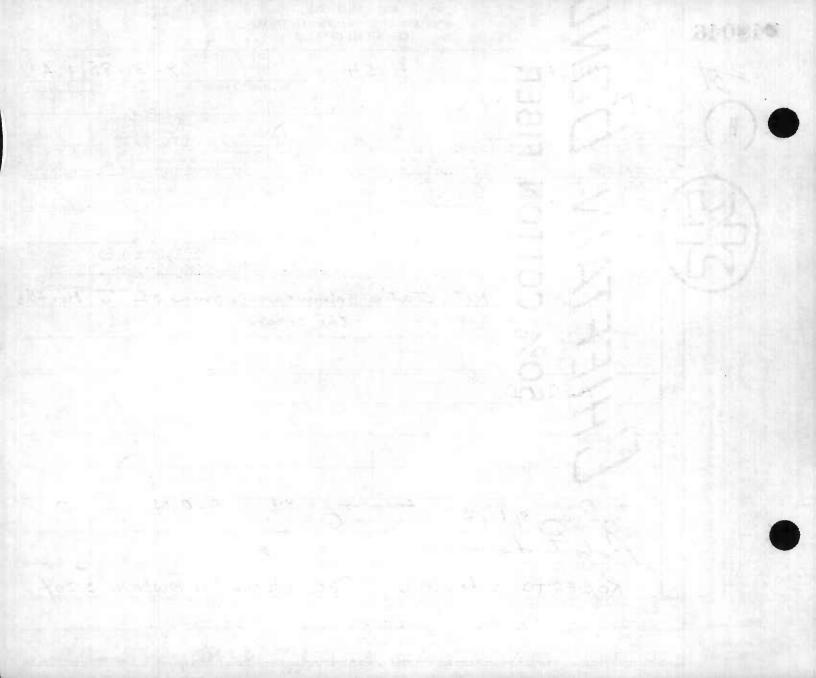
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 😊 CERTIFICATE OF DEATH

248046	1 -	1 - FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 2 2 3 0 2 REG. NO.							
1		CEASED NAME FIRST	MIDDLE	L	AST .	20 DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
e e e		VINCE	NT	HU.	SH		8-3	1-85	1 A M
10 TO 29	3 SE		4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	RTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
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de Caronia de		Maryland	USA	WIDOWE		Baltimo			MD.
à 11 A/	100	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME C ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPAT		12b KIND OI INDUSTRY	F BUSINESS OR
		Maryland	4318 Sheld		ve,21206	Supervi	sor	Lith	ograph
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4 44	14 FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	ΛE			
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or or see of the earlith		-	ol) attended the deceased from_	Decen	her 19.84		185 19		hat (Dwe) last
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has has hed hed ept		22b. SIGNACULE	View-life gody-cirier decilii.	1	DEGREE			22¢ DATE S	IGNED
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O HOSPITAL etained by the TO FUNERAL should be det with the State MAPORTANT:		22d. PHYSICIAN'S NAME (TYPE O	PRINT)		22e ADDRESS	DIRECTOR ESTITISTE	-1014		
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BP	(SPECIFY) Burial			ood Cem.	Balto,	-	COUNTY	STATE
	24 FL	INERAL DIRECTOR				REC D. BY REGISTRAR		R'S SIGNATU	URE
DHMH - 16 60M 7/84 (VRA 15, 4)		NAME SCHTMIINER EIIN	ERAL HOME, Bal		1 1	P3 1095	Crobe F		A
		CHIPONER FOR	LIVAL HOME, Bal		MU.GIGID		Julia Du	Na(0.4√−\/	MINDAUN.



RECORDS

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYBIENES CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO DECEASED NAME Lucille E. Hynes 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR 3. SEX 5 DATE OF BIRTH YEAR Female White 1892 Q2 YRS BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGE 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED USA Maryland Baltimore City WIDOWED 126 USUAL OCCUPATION
(1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY OF NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Francis Scott Key Medical Center Baltimore Clerk Motor Vehicles NG HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a STATE COUNTY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Middle River Maryland Baltimore 854 Seneca Park road YES [] NO X 15. MOTHER'S MAIDEN NAME FATHER'S NAME LAST Fiddis Preston Lillian Jackson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 216 09 2574 NO Joanne Nadaeu 854 Seneca Park Road 21220 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and ic PART I, DEATH WAS CAUSED BY. CARTIO PULMONARY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES F NO F 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN STATE AT HOME STREET FACTORY, OFFICE, FARM ETC) NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from saw the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (1) we) (did vaid not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS PHUTMELL IND ZIZZ MIND VOSE ME FSKWE 23a, BURIAL, CREMATION, REMOVAL 23b. DATE

DHMH - 16 60M 7/84

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(VRA 15, 4)

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Burial

Bruzdzinski Funeral Home PA 1407 Old Eastern Ave.

24 FUNERAL DIRECTOR

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION

STATE

Druid Ridge Cemetery Baltimore Maryland REC'D, BY REGISTRAR 256, REGISTRAD'S & TSATUADON OF

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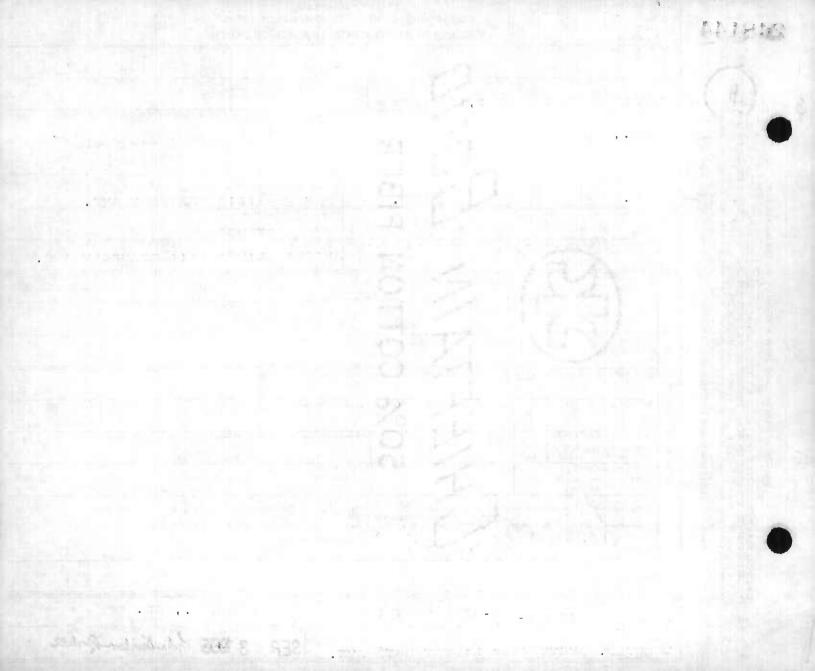
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EFT. O.D.		REGISTRAR	MED	ICAL EXAMINER	S CERTIFICATE OF	DEATH REG. NO.	1
		CEASED NAME FIRST PE OR PRINT)		WIDDLE	LAST	20. DATE KNOWN X MONTH	DAY YEAR 26 HOUR
NO.		Marjori			Hynson	DEATH MATED 8-	-31 1985 M
(#2 m 2 m)	3 SE	X 4. RACE	5. DATE OF BIRTH		UNDER 1 YR. IF UNDER 2	MIN. PRONOUNCED	DAY YEAR 2d HOUR 1:10)
(B 2 2)		EMALE BLACK		929 56 YRS.		DEAD 8-	·31 1985 a. M
NA SERVICE	FC	DREIGN COUNTRY)	76. CITIZEN OF WH.	M	ARRIED XXVER MARRIE		
25003	BA IO C	LTO., MD	II NAME OF HOSP	TITAL, NURSING HOME, OR	OWED DIVORCE	Baltimore Ci	TITL KIND OF BUSINESS
AY IS THE PILED			(IF NOT IN SUCH FAC	ILITY, GIVE STREET ADDRESS)		FOR MOST OF WORKING LIFE)	OR INDUSTRY
AY DEL	USU	Baltimore AL RESIDENCE (IF IN NURSING HOME OF	OTHER INSTITUTION, GIVE	K. Tippitt Ave	enue		21216
	13a S	MD. 136. COUNT	Y	BALTO.	1	13e. STREET ADDRESS	2/2/5
	14. F.	ATHER'S NAME			15. MOTHER'S MAIDEN	5218 BEAUFORT A	
ORE, MI DEATH. GGES 1, AND 2 OF VITA	P	FIRST	WIDDLE	JONES	FIRST	RUDE	LAST
MOORW NORW	16a \	WAS DECEASED EVER IN U.S. ARM		166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
F., BALTIMORE, MD URS AFTER DEATH. II B. GIVE PAGES I. 2. B. WITH FORM PM 3. TI PAGES I AND 2. DIVISION OF VITAL		NO NO	FAR OR DATES		ANGELA OL	IVER 5218 BEAUF	ORT AVE.
		18. CAUSE OF DEATH (Enter only	ane cause per line f	ar (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IN 24 HOUF IN 174 HOUF IN 176M 18. IN SIT PERMIT. HYGIENE, D		PART I DEATH WAS CAUSED IMMEDIAT	CAUSE (a)	Thermal Injur	ies		
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DIN E, WRIT RE, WRIT RWARIT F PAGE STATE O, 21201	1	WHILE AT WORK AT WORK	stre	eet !	5400 blk. Tip	pitt Ave., Balto.,	Maryland
NO. HES		17s. I certify that I took charge	of the remajns force	The same of the sa	tapsy , inspection	XX. Inquiry , and in my a	pinian
MAN		death resulted from Nature	cought)	ecident . Surcide	XX, Hamicide	Undetermined manner,	
MARK WAR		ACTUAL / 1011	NIA	va Ista Alo	TITLE (SPECIFY)	DATE	0 21 05
EAT SE		SIGNATURE LACE	A/X	negro pour	Assistant	MEDICAL EXAMINER SIGN	8-31-85
CUTION TIME	-	EXAMINER'S NAME Deni	nis F. Smy	th, M.D.	ADDRESS111 Pe	enn St., Balto., M	d. 21201
TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120	23a.B	URIAL, CREMATION, REMOVAL 23	b. DATE	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION	INITY
07/84 BP	7	CREMATION	9 - 4 - 85	WESTVIEW		BARTO., MD.	JNTY STATE
25M DHMH - 17	24 F	UNERAL DIRECTOR	ADDRESS			C'D. BY REGISTRAR 756 REGISTRAR'S	
(VR A15 ME (5))	L	EROY O. DYETT	4600 LI	BERT HGTS	VE. SEP	3 1985 Achia Davidson	- Modarne



BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🗢

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		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	O.		W SE
		CEASED NAME FIRST		MIDDLE	1	AST	20. DATE OF DEATH	MONTH I	DAY YEAR	26 HOUR
Ш	1	JOHN		H.	IG	LEHART	8/13/85	8 1:	3 85	400pm
51	3. SEX	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
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-		RTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
5	Ba	Ito., MD	USA		WIDOWE		BALTIMORE	Cit	y	MD.
24	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATI			OF BUSINESS OR
4		ALTIMORE CITY		MEMORIAL		ITAL	Press Ope			s Envelo
6	USUA II MD	AL RESIDENCE (IF NURSING HOME TATE 13b. CO		GIVE RESIDENCE BEFORE 130 CITY OR TOWN Balto.,	V	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 707 Chest	zip code nut	Hill,	21218
	14 FA	THER'S NAME	MIDOLE	LAST		15 MOTHER'S MAIDEN NA	MIDDLE			
0	H	oward		Iglehart		Nancy	Model	200	Kinia	rey
1	16a. W	VAS DECEASED EVER IN U.S.	CHICAMAD OR CALLE	16b. SOCIAL SECU		17 INFORMANT	ADDRE			
	N	YAS DECEASED EVER IN U.S.		17-07-6	988A	Grace M.	Iglehart,	707	Chestr	ut Hill
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	SED BY.	<u> </u>	0 0	Baltimore ur deal su	e, MD 2121 barction	.8	BETWEEN	ONSET AND DEATH
		IMMED	IATE CAUSE (o)		/	iraias su	perca 1011		78	Tra
	C.	Condition the Little	DUE TO, O	R AS A CONSEQUE	NCE OF	104Flow	norstrie Henry	+ Krili	140)	
ı		Conditions, if any, which gove rise to immediate (16) Laung Ca / CHF (Congestive Heart Gallure)								
		couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF								
		PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO D	FATH BUT	NOT RELATED TO THE TERM	AINAI DISEASE OR CON	DITION GIV	EN IN PART 1/	
	Z O		Way see							
7	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDING CAUSES	
75	RTI	210 ACCIDENT WAS UNDERLYING	216 TIME O	S IN III DV	4-1-1-1	Tale HOW IN HURY OCCUR	YES NO		5 🗆	NO 🗌
1		OR CONTRIBUTING CAUSE OF	110110 1	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	(ENTER NATURE OF INJUI	RY IN ITEM IB P	ART 1 OR PART 2)	
/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM)			19	21f LOCATION	53.0			
	MED		21e PLACE	REET, FACTORY OFFICE F	ARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
		AT WORK AT WORK			Ario	<u> </u>	1113	70	0.4	
		220 I certify that (I) (this ha			HUG	nd that in (my) (our) opinion	to Hay	3		that (I) (we) lost
		saw the deceased alive above, (1) (we) (did) (did 22b SIGNATURE	not) view the body	after death.			deom occurred in the do	ne one nout		
		10 SIGNATURE	20-00			DEGREE ATTENDING	MEDICAL STAF	F \	220 DATE	13 10 E
1		22d. PHYSICIAN NAME (1V)	E OF PRINTS	<u></u>	/	PHYSICIAN [DIRECTOR PHYSIC	IAN 🔏	0/	10/00
1										
-	22- 0	DIEGO RAM		122	AME 05 0	UNION MEMOR	IAL HOSPITA			
		BURIAL, CREMATION, REMOV	8-16-			vn Cemetery		re P	alto.	, MDTATE
	- u					Jonne Cery	- CTITO		WILLO.	1

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR:

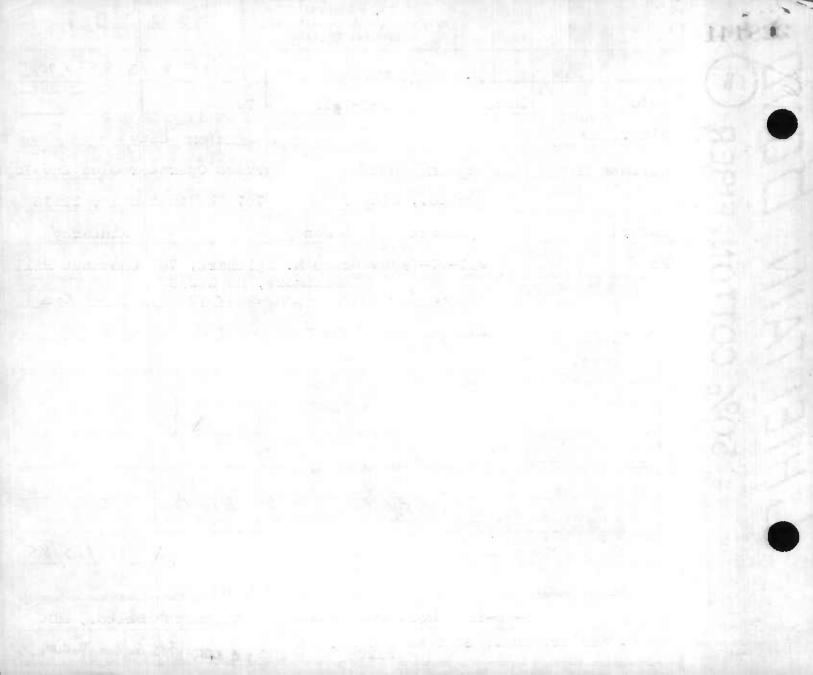
BP.

IMPORTANT: If Item 21 is

should be detoched for use as the buriol-transit permit. Then please remove carban pape with the State Dept-of Health and Mental Hygiene prior to buriol, cremotron, or removal.

John Miller, Inc., 6415 Belair Rd. 21206

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



director, page 3 hours ofter death

2	9	3	17	150
600	lie	V	1	0

	1 - STATE REGISTRAR			IFICATE OF DEATH	REG. NO.	,	
	1. DECEASED NAME (TYPE OR PRINT)	laffiet AVET	AIDDLE L	SBEZC	20. DATE OF DEATH MON	21 85 10 45	_
	3 SEX	4 RACE		E OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	() IF UNDER 1 YEAR IF UNDER	24 HRS
	Female	Whit		ept. 4, 1943	41	YRS DAYS HOURS	MIN.
1	70 BIRTHPLACE (STATE ORFO	OREIGN 76. CITIZEN OF USA		RIED NEVER MARRIED WED DIVORCED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	MI
/	Baltimore	Franc	is Scott Key	Medical Center	17a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK BOOK Kee		SS OF
1	USUAL RESIDENCE (IF NURS) 130. STATE Md.	ng home or other institution is County Balto.	GIVE RESIDENCE BEFORE ADMISSION IN COLTY OR TOWN Middle Rive	1136. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP		
0	John FATHER'S NAME	S. MIDDLE	Hall LAST	Martha	$\mathbf{P}_{ullet}^{MIDOLE}$	Harmon	
2	(YES, NO OR UNKNOWN)	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	218-40-0908		P. Isbell SAn	ne	
	PART I. DEATH W.	DUE TO, O which (b)			HEMORRHAG	APPROXUANTE INTER BETWEEN ONSE I AND TEALS	DEATH
1	PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND	METASTAT	ONTRIBUTING TO DEATH B	TARCING THE TERM ON WAS PERFORMED	OF LING 1200 AUTOPSY? 1206	ON GIVEN IN PART 1:0 VIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEAT YES TO NO TO	H?
1	OR CONTRIBUTING C	AUSE OF DEATH HOUR A. ALEXAMINER) P.	M. MONTH DAY YEA	AR 9	RED (ENTER NATURE OF INJURY IN I	IEM 18 PART I OR PART 2)	
	AT WORK AT WOR	LE [AT HOME STE	EET, FACTORY, OFFICE, FARM, ETC		CITY OR TOWN	COUNTY	TATE
	sow the decease above (1) we aid	this haspital) attended the alive on	21 19 85	and that in (our) apinion	deoth occurred on the date o	19_85_, tho (v nd hour and from the causes sta	
	226. SIGNATURE			DEGREE		22c. DATE SIGNED	

should be detach MPORTANT

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAITIMORE, MARYLAND 21201

DONNEN 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Aug. 24, 1985

FRANCIS SCOT 230 NAME OF CEMETERY OR CREMATORY Holly Hill

12e ADDRESS

73d LOCATION COUNTY Middle River Balto.

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

STATE

Burial
24 FUNERAL DIRECTOR

Leonard J. Ruck Inc. Baltimore, Maryland

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

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	vs 12	12		ASET	68
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	B Indal 9	Hr. Vorann	3 E-10-090B		ne.
		At Test Chi			
iver delte. Ma		LIM	1085 (611)	Aug. 26,	Anvini Leonard J. Inc